

How do Individuals with Fears of Social Situations Experience

Making Art of their Feared Situation?

A Thesis

Submitted to the Faculty

of

Drexel University

by

Emily Erin Rosaio

in partial fulfillment of the

requirements for the degree

of

Master's in Art Therapy

March 2013

Dedication

This thesis is dedicated to my all my loved ones who have supported and pushed me to keep on keepin' on. Thank you for proofreading, encouraging, threatening, and celebrating with me to the end.

Acknowledgements

I would like to thank my thesis committee members, Robert Trombetta and Michele Rattigan for their support, insight and interest into this project.

I would like to especially thank my thesis advisor, Donna Kaiser, for her guidance and dedication to helping me complete this thesis. I truly appreciate her patience, knowledge, and understanding.

Lastly, I would like to thank and congratulate all of my classmates who have undertaken this incredible experience with me.

Table of Contents

LIST OF TABLES	vii
LIST OF FIGURES	viii
ABSTRACT	ix
1. INTRODUCTION	1
2. LITERATURE REVIEW	10
2.1 Psychological Issues of People with Social Fears	10
2.2 Common Treatments for Individuals with Social Fears and Other Types of Fear	11
2.3 The Effect of Attention Bias to Fear Stimuli and Distraction on Efficacy of Treatment	18
2.4 The Use of Imagery in the Treatment of Fear	21
2.5 Creating Art about Fear and Trauma	24
3. METHODOLOGY	29
3.1 Design	30
3.2 Enrollment Information	31
3.3 Methods and Procedures	33
4. RESULTS	39
4.1 Overview	39
4.2 Analysis of the Data	40
4.3 Common and Uncommon Responses	71
4.4 Major Themes	77
5. DISCUSSION	83
5.1 Overview	83

5.2 Major Findings.....	83
5.3 Application of Findings	88
5.4 Limitations of the Study.....	90
5.5 Implications for Future Research.....	91
6. SUMMARY AND CONCLUSIONS	93
LIST OF REFERENCES	96
APPENDIX A: RECRUITMENT FLYER.....	99
APPENDIX B: CONSENT FORM	100
APPENDIX C: WRITTEN QUESTIONNAIRE.....	104
APPENDIX D: INTERVIEW GUIDE	105
APPENDIX E: OBSERVATION FORM.....	108

List of Tables

1. Seth's Responses.....	43
2. Kiran's Responses.....	48
3. Adam's Responses	52
4. Ashley's Responses	56
5. Leslie's Responses	61
6. Brian's Responses	65
7. Eric's Responses	69

List of Figures

1. Seth's Original and Modified Drawing.....	44
2. Kiran's Original and Modified Drawing.....	49
3. Adam's Original and Modified Drawings	53
4. Ashley's Original and Modified Drawing	57
5. Leslie's Original and Modified Drawing	62
6. Brian's Original and Modified Drawing.....	66
7. Eric's Original and Modified Drawing	70

Abstract

How do Individuals with Fears of Social Situations Experience Making Art of their Feared Situation?

Emily Rosaio

This qualitative case study aimed to explore how individuals with fears of social situations would experience first drawing depictions of their feared social situations and then modifying those drawings in a way that would make the situation seem positive or less fear or anxiety producing. Besides the fact that many individuals with social fears avoid seeking treatment due to perceived embarrassment and avoidance of confronting their fears, many individuals with social fears do not benefit from available exposure treatments due to attentional biases, which interrupt the fear activation necessary for effective fear extinction. No known research has used art making with the concept of cognitive restructuring, an effective cognitive behavioral treatment method for social phobia, in an attempt to find a nonthreatening, nonverbal alternative for individuals with social fears.

Seven participants with self-reported fears of specific social situations completed a two-part art making activity in which they first drew their feared social situation and then modified their original drawing in a way that would make the social situation seem less fear provoking. Participants' responses to a written questionnaire and open-ended interview about their experiences suggested that the participants' anxiety was either reduced from the first drawing to the second drawing or, at least, did not increase. The data also suggested that the participants accredited this reduction to the modification drawing and discussing their social fears with the researcher. Finally, all seven

participants reported a new insight or realization about their social fear that was either positive or that challenged a distorted belief about the perception of their fear.

CHAPTER 1: INTRODUCTION

The purpose of this study was to explore how individuals who have fear reactions or phobic responses to social situations experience creating art representing the feared situation through a qualitative case study. Individuals who experience fear reactions to social situations are at risk for developing a diagnosable social phobia, which can be persistent and is often debilitating in that it can disrupt normal life functioning and quality of life (Wittchen, Fuetsch, Sonntag, Muller, & Liebowitz, 2000). Social phobia, with a lifetime prevalence rate of 12%, is thought to have an early onset usually during adolescence and, without preventative efforts, can lead to an eventual diagnosis (Watanabe et al., 2010). Much research has suggested that cognitive behavior therapy and exposure based treatments improve quality of life and reduce social fears for the majority of individuals who participate in these treatments but other research has shown that exposure based treatments, or systematic desensitization approaches, are not suitable for individuals who tend to avoid feared stimuli when exposed to them (Price, Mehta, Tone, & Anderson, 2011). This is problematic for those with social fears who cannot be treated effectively with exposure or systematic desensitization treatments that require they maintain attention to the fear stimuli in order to effectively achieve desensitization. In light of this, it seems these popular types of treatments must consider new methods that would help participants properly maintain attention during exposures.

Some operational definitions will be used to help define the concepts relevant to the study. For the purposes of this study, individuals will be referred to as ones having intense fears, which can be defined as a distressing emotion resulting in a response to a situation or object that causes exaggerated reactions to specific cues in the environment

(Lang & McTeague, 2009). Specifically, fear of a social situation will be defined as occurring when individuals experience anxiety in one or a few specific situations which can lead to avoidance of the situation or predictable and repeated fear response to the situation (Jorstad-Stein & Heimberg, 2009). Because this level of fear is not intense enough to meet the criteria of a diagnosable phobia, the term phobic response will be used to describe individuals who experience a fear-like reaction to an object or situation that may include psychological responses like anxiety or feelings of unease as well as physical symptoms like sweating (Cottraux, 2005; Jorstad-Stein & Heimberg, 2009). Social phobia (also known as social anxiety disorder), although not necessarily the focus of this study, will be referenced as there is more research on this topic than on social fears that do not meet Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. Social phobia is a commonly occurring anxiety behavior or symptoms that occur in social or performance situations that may involve scrutiny by others (Jorstad-Stein & Heimberg, 2009). Systematic desensitization will also be discussed specifically as a method of treatment based on either imaginal or in vivo exposure to an increasingly anxiety-provoking stimuli (Berman, Miller, & Massman, 1985). Drawing from Feske and Chambless (1995), exposure treatments will be referred to as treatments that use the process of exposing an individual to his or her feared stimulus with the goal of fear extinction.

The range of methods available to treat general fears, phobias, and anxieties in recent research includes virtual reality, which replicates a fear stimulus for an individual in a less threatening way, in that it provides a sense of distance and safety (Hoffman et al., 2003), although this option has been found to be most suitable to treat animal and specific

phobias rather than social fears (Andersson et al., 2006). Andersson et al. (2006) concluded that an internet-based treatment seemed to be attractive to individuals in a randomized controlled trial who perceived they would avoid embarrassment about their symptoms due to the distance provided by the use of the internet from the anxiety-provoking social situations that might be encountered in in-person therapies. However, the researchers found that the part of the online treatment that used human interaction provided the most success in the reduction of symptoms, hypothesizing that the distance provided by communicating through the internet helped ease the individuals into person to person therapy (Andersson et al, 2006). This study presents another major problem with treating individuals with social phobia, which is that they rarely seek treatment due to the embarrassment they anticipate socially and the fear of confronting the feared stimulus, as this kind of avoidance is natural to the disorder (Watanabe et al., 2010; Wittchen et al., 2000).

Several psychological interventions have been developed for treating individuals with social phobia since the late 1960s (Jorstad-Stein & Heimberg, 2009). Systematic desensitization, flooding, direct exposure, and cognitive restructuring have demonstrated effective outcomes long-term. Most treatments to date have used cognitive behavioral methods, which often combine some form of exposure to the feared situation with attempts to modify maladaptive thinking patterns (Jorstad-Stein & Heimberg, 2009). Other treatments such as applied relaxation and Interpersonal Therapy (IPT) have been found to reduce social fear, but exposure-based methods have had a greater effect on reducing symptoms (Andersson et al., 2006; Borge et al., 2008).

As evidenced in past research, the efficacy of exposure methods with individuals who have tendencies to avoid specific fear stimuli has been observed as being crucial to achieving significant symptom reduction of fear. Price et al. (2011) studied individuals with social phobia who were classified as being either hyper responsive to images of threatening faces or avoidant or biased towards these images. Results of the study showed that these differences predicted how participants responded to exposure. Subjects with avoidant biases of social threats showed significantly less reduction of symptoms. This may be because individuals with social phobias naturally avoid their feared social situations (Wittchen, Fuetsch, Sonntag, Muller, & Liebowitz, 2000). In another study, when individuals were distracted from the feared stimulus during exposure, reduction of fear was far less significant than for individuals who were not distracted during exposure (Telch et al., 2004). Sanderson and Carpenter (1992) also found that tasks that distract participants away from the feared stimulus during exposure treatments were not successful in reducing fear in their study. These findings may indicate that exposure based treatments are effective only when the individuals are fully present and aware of the exposures (Price et al., 2011). When an individual is not able to concentrate on the exposure, the fear response is not activated appropriately and causes the exposure to be ineffective at systematically desensitizing the individual to the fear (Telch et al., 2004). Individuals who have difficulty maintaining attention during exposures of their feared social stimulus may need an alternative method of exposure (Price, Mehta, Tone, & Anderson, 2011).

Current research on treating a range of fears, phobias, and anxieties has also utilized cognitive techniques that involve exposure methods or systematic desensitization

as well as modification of mental fear imagery, which appears to allow individuals a safe way to confront and be attentive to their feared images without avoiding or becoming distracted from the exposure (i.e., Hunt et al., 2006). Many of these treatments use an element of cognitive restructuring of negative perceptions through instructing individuals to imagine their fear imagery and then to mentally modify them in a way that make them less frightening. Simard and Nielson (2009) used a similar method in a study during which they observed the effectiveness of a technique called Imagery Rehearsal Therapy on children suffering from recurrent and life-affecting nightmares. The results suggested that having the children imagine and draw more positive outcomes to the endings of their recurring nightmares led to lessened general anxieties about having the nightmares and, eventually, less frequency of the nightmares (Simard & Nielson, 2009). This technique seems to be useful as well, but seems to be less effective in individuals who report difficulty imagining the manipulation of their mental images. (Hackman et al., 2000).

The use of fear imagery has also been explored in terms of the relationship between exposure and physiological fear responses. In order for exposure treatments to be effective, the individual's fear response must be activated appropriately to systematically desensitize the fear (Telch et al., 2004). A review of the research in this area by Lang and McTeague (2009) found that individuals with social phobia tend to experience exaggerated fear potentiation, meaning that there is a strengthening of nerve impulse pathways in specific or social phobia individuals when viewing pictures or imagining the phobic object (Lang & McTeague, 2009). These findings indicate that individuals who are fearful experience heightened fear activation while looking at images of their feared stimulus. Lang and McTeague (2009) posited that fear imagery elicits

similar physiological responses evoked during an actual experience with the feared stimulus. According to other research, experiencing the exposure stimulus in a realistic manner yields the most fear reduction in systematic desensitization (Price et al., 2011).

Although many current treatments for phobias utilize interventions that involve the viewing of images or virtual situations and then cognitively restructuring mental imagery (i.e., De Jongh, van den Oord, & ten Broeke, 2002; Hoffman, Garcia-Palacios, Carlin, Furness, & Botella-Arbona, 2003; Simard & Nielsen, 2009), no known research has been done to gather information on the use of creating artwork concerning the feared social stimulus. However, several studies have indicated that creating art can reduce anxiety and symptom severity in the case of youth with Posttraumatic Stress Disorder (Pifalo, 2006). Some research has also indicated that individuals who have experienced trauma benefit in terms of symptom reduction after creating images specifically about flashbacks and memories of traumatic incidents (Henderson et al., 2007; Lyshak-Stelzer et al, 2007). Since many individuals with phobias report having a trauma connected to the onset of their fear, it may be useful to attempt similar art making activities with social phobias. Pifalo (2006) posited that those suffering from anxiety, depression, and anger are more negatively affected by the visual nature of memory and traumatic memory than a typically functioning individual. Further studies have found that making art has a positive effect on mood (De Petrillo & Winner, 2005; Drake et al, 2011) as well as on reducing anxiety (Pifalo, 2006). Simard and Nielson (2009) stated that “Drawing is a highly familiar activity to children and has been reported to induce a sense of mastery, control and competence” (p. 493). The authors also suggested that adults experience similar positive feelings while engaging in art making, which they hypothesized partially

were major reasons why children experienced nightmare frequency reduction after drawing positive outcomes for their nightmares in the researcher's adaptation of Image Rehearsal Therapy (Simard & Nielson, 2009).

No known literature has been found that uses image making in the treatment of social fear. However, some research has shown that image making is a nonthreatening method of both visually and verbally discussing adverse experiences associated with other mental disorders (De Petrillo & Winner, 2005; Drake et al, 2011; Henderson et al., 2007; Lyshak-Stelzer et al, 2007). Also, alternative methods are needed to support maintained attention during exposures by individuals who have attentional biases, which should contain elements of direct exposure but do so in a nonthreatening way so that these individuals are not inclined to divert their attention away from the exposure stimulus. Similar art making processes might be useful in these cases although no known research has been done to explore this method of treatment with this population.

This thesis asked the question: How do individuals with fears of social situations experience making art of their feared situation? In order to answer this question, individuals who report themselves as having a fear of a particular social situation were asked to complete a two-part art making activity that included the creation of a two dimensional image that represents or embodies their fear. The subjective experience of those who completed the art making tasks was investigated through a qualitative collective instrumental case study. This case or bounded-system was explored with in-depth data collection, including open-ended interviews, a short survey about the experience, and observations of the experience (Creswell, 1998). This information was analyzed by the primary researcher according to the methodology of a qualitative case

study, which provided the data necessary to understand the process of individuals with extreme fears of social situations experiencing the exposure and re-visioning provided by making art.

The objective was to gather and analyze verbally reported experiences of up to ten individuals with social fears after an art making activity in which they use art media to depict their fears. A second objective of the study was to observe how these individuals experienced the second part of the activity in which they were asked to manipulate their image to make it seem less threatening. Upon analyzing the data, several themes that emerged among the participants were identified.

The major delimitation of this study was that participants did not have a diagnosis of social phobia, therefore, the individuals being studied had less intense fears than those with a diagnosable condition. Limitations included the small sample size and the small geographic area from which the sample will be gathered. Another limitation of this study may be that the participants may be reluctant to communicate with the researcher depending on how intense their social fear was. This may have limited the amount and depth of information that these individuals disclosed. However, this study aimed to gather information about how individuals with social fears might perceive an experience that slightly resembles the structure of an art therapy session, so if the participants had difficulty associating with the researcher, that information was valuable to the research. The researcher expected for the participants to experience at least some uncomfortable feelings during the art making and conversation with the researcher but, ultimately, making art about the feared situation was expected to be a nonthreatening method of approaching their fear.

Possible benefits of completing the study may have included reduction of anxiety or fear about the social situation the participants depicted following the art making activities and interviews. Also, if a participant had been experiencing problematic social fears, involvement in the study may have encouraged these individuals to seek further treatment.

This study may have contributed insight into the process by which individuals with social fears create artwork about their fears and then may lend information to clinicians with need for finding alternative treatments for clients with social fears. The findings of this study may also generate awareness of the lack of research done surrounding the use of creating images depicting feared situations and may stimulate further research in this area. The information gathered will hopefully foster discussion surrounding alternative methods of and perceptions about treating individuals with social fears.

CHAPTER 2: LITERATURE REVIEW

This literature review will cover recent research associated with the nature and treatment of social fears, and a range of other fears or phobias, as well as other mental disorders that are related in symptomology (for example, social anxiety and posttraumatic stress disorder). To begin with, this literature review will cover the psychological issues experienced by individuals with social fears, followed by an overview of research that explores common treatment methods for other types of fears as well as social fears. Attentional bias, or the tendency to avoid fear stimuli, is also discussed as a problem that often results in lack of significant improvement when present during treatment. The topic of using imagery, both visually and mentally or imaginally, in the treatment of fear is also covered. Finally, literature pertaining to creating physical images in artwork will be discussed as a treatment method for other diagnoses with similar symptomology to fear of social situations.

Psychological Issues of People with Social Fears

It is commonly believed that individuals with social fears face psychological issues, which affect overall quality of life and the performance of everyday social tasks (Wittchen et al., 2000). They also often do not receive a proper diagnosis and may undergo ineffective treatments for their symptoms (Wantanabe et al., 2012). In a prospective cohort study conducted by Watanabe et al. (2012), the effects of cognitive behavioral group therapy on the quality of life and severity of symptoms of 48 individuals diagnosed with social anxiety disorder, also known as social phobia, were examined. Social anxiety symptomology and quality of life ratings were found to be slightly less severe after a 12-month follow up, however, social functioning did not

improve significantly. The authors found that despite the CBT group's small post-treatment improvement, more powerful treatments are needed to stimulate progress in social functioning in individuals diagnosed with social anxiety disorder.

Wittchen et al. (2000) also agreed that treatments for social phobia are not only in need of improvement but that social phobia and anxiety is poorly recognized and undertreated. The authors conducted a controlled study, which examined the disorder-specific impairments associated with social phobia, specifically, in the areas of work/career, socializing and relationships, and quality of life. Another objective of their study was to compare individuals with pure social phobia to those with a comorbid diagnosis, such as depression and substance abuse. Results showed that the pure social phobia group was more impaired in the areas of education and work/career achievement than both the control groups, however, all groups showed significant impairments in work performance and social relationships. Another noteworthy observation was that participants with social phobia and a comorbid diagnosis described the symptoms of their other diagnoses as having occurred many years after they experienced symptoms of social phobia. The authors posited that social phobia could put individuals at risk for developing other disorders.

Common Treatments for Individuals with Social Fears and Other Types of Fear

In much of the research covering the topic of treating social fears, behavioral and cognitive psychotherapies were recognized as the most commonly practiced techniques, however, literature on the use of medications has provided valuable information about how clinicians treat social fears (Cottraux, 2005). According to Jorstad-Stein and Heimberg (2009), benzodiazepines have often been used to treat anxiety disorders but

have many negative attributes such as return of anxiety following withdrawal of the medication and patients easily abuse it. Another downside of using benzodiazepines is that they inhibit experiencing anxiety during exposure techniques, which is a necessary part of the process involved with this treatment method (Jorstad-Stein & Heimberg, 2009). The short-term efficacy of an anti-depressant, Venlaxaphine, has also been shown to significantly improve social functioning compared to the effects of a placebo (Cottraux, 2005). Venlaxaphine, although considered to be safe and effective short term with tolerable side effects, is not proven to effectively prevent relapse (Cottraux, 2005). Considering that social anxiety is a long term, life-debilitating disorder, Cottraux (2005) concluded that pharmaceutical treatments only seem effective in short-term conditions.

Interpersonal therapy, which focuses on interpersonal problems by means of expressing those thoughts and feelings about the identified issue and by role-playing without an exposure element, has been shown to be somewhat effective. However, when compared to CBT, few differences in treatment outcomes are observed (Jorstad-Stein & Heimberg, 2009). Less studied theories such as psychodynamic therapy, motivational interviewing, mindfulness and acceptance and commitment therapy have also been positively supported by research and were found to be most effective when they incorporated elements of CBT into the treatment (Jorstad-Stein & Heimberg, 2009).

Many methods of treatment for individuals who experience phobias, anxieties and life-affecting fears have utilized a component of exposure, a treatment method that uses the process of exposing an individual to his or her feared stimulus (Feske & Chambless, 1995), or systematic desensitization, a method of treatment based on either imaginal or in vivo exposure to an increasingly anxiety-provoking stimuli (Berman, Miller, & Massman,

1985). These methods often consist of having individuals with varying phobias visualize frightening images in order to gradually expose them to a real life encounter (Marks, Boulougouris, & Marset, 1971). One such method called Eye Movement Desensitization and Reprocessing (EMDR) combines short exposures of an imagined feared image while being externally distracted, often by the moving hand of a therapist (De Jongh, van den Oord, & ten Broeke, 2002). EMDR was initially an effective treatment for individuals with PTSD and was later used to successfully treat individuals who suffer from disturbing images (Sanderson & Carpenter, 1992). After focusing on specific memories, and positive future mental images about undergoing dental procedures, three individuals with dental phobia experienced reduction of anxiety, more adaptive behavior (less avoidance of dental stimuli), and cognitive changes for six weeks after treatment. The three participants no longer met the criteria for dental phobia following treatment and even underwent dental procedures within three weeks after the intervention.

Eye movement desensitization (EMD) was compared to Image confrontation (IC), which differs from EMD only in that the individual is instructed to keep their eyes closed as they imagine what they deem as the most disturbing image related to their phobia while in EMD the individual is distracting by the therapists moving finger (Sanderson & Carpenter, 1992). In a single-session crossover study conducted by Sanderson and Carpenter (1992), the two methods were compared in order to test the theory that the effectiveness of EMD on fear reduction is dependent on the individual's eye movement. However, when all participants benefited from reduced anxiety levels in both techniques, the authors concluded that imaginal image confrontation was the basis for the

improvements since this element was common to both EMD and IC (Sanderson & Carpenter, 1992).

Virtual reality has also been a popular method of treatment for animal phobias but has recently been used more with social phobias (Hoffman et al., 2003). Virtual reality is commonly thought to be an inexpensive method that provides exposure therapy to socially fearful individuals with various feared situations. The technique is described as offering a distanced realism to participants who undergo a gradual immersion into the feared situation in a series of small steps (Cottraux, 2005). In a study conducted by Hoffman et al. (2003), the effectiveness of virtual reality (VR) on treating individuals with spider phobia was explored. In addition to VR, the researchers added a hands-on or physical component called tactile augmentation, which included the use of a real, touchable object into the virtual experience. Eight clinically spider phobic students and 28 non-clinically phobic students enrolled in an introductory psychology class were split into three groups: Control, VR, and VR with tactile augmentation. The only difference in the procedures of the VR group and those receiving VR plus tactile augmentation was that the tactile augmentation groups used a physical, toy spider with a fuzzy texture to touch in the virtual world rather than a virtual spider. The group with added tactile augmentation showed the greatest decreases in behavioral issues like avoiding contact with spiders as well as drops in anxiety and ratings of fear.

Price et al. (2011) suggested that virtual reality has the potential to be a technique that allows for fear extinction through repeated exposures to the feared social stimuli but depends on the individual's ability to maintain attention and feel present in the situation as if it were a real encounter. In a study conducted by the authors, the treatment responses

of 41 participants with fears of public speaking took part in virtual reality exposure therapy (VRE) sessions were assessed in comparison to how present or connected the participants felt to the virtual experience. The researchers noted that this method can be effective in that the realism of the environment can activate the physiological arousal of anxiety necessary to successfully participate in exposure therapy. Participants were involved in eight individual VRE sessions, which used cognitive restructuring, videotape feedback exercises and engagement in the virtual simulation of social scenarios that may be anxiety provoking. Results suggested that participants who reported feeling more present during VRE and that the exposure felt realistic to them had greater fear reduction. The authors hypothesized that this occurred because the realism of the virtual simulation allowed the individuals to engage more actively with the virtual situation which “is associated with greater attention to the feared stimulus, thus enhancing the effectiveness of the virtual environment as a context for extinction learning” (Price et al, p. 764, 2011). Those who reported high scores on being attentive to the stimulus and undistracted during the exposure responded with significant improvement in fear reduction to the identified social situations.

According to Jorstad-Stein and Heimberg (2009), another one of the most popular psychological interventions for social fears were reported to be based in cognitive behavior therapy and consist mainly of psychoeducation, in-session and in vivo exposure to feared situations, and focus on manipulating maladaptive thoughts via cognitive restructuring, or “the examination and challenging of irrational beliefs or the replacement of negative self-statements with positive self-statements” (Berman, Miller, & Massman, 1985, p. 452). Many researchers concur with the idea that dysfunctional cognitions need

to be adjusted in order for fear reduction to occur (Feske & Chambless, 1995). Because of this, much research has explored methods of treating phobias and fears utilizing CBT methods like cognitive restructuring (Simard & Nielsen, 2009).

Anxiety was reduced in children suffering from nightmares through a psychotherapeutic treatment called Imagery Rehearsal Therapy (IRT), which is similar to cognitive restructuring in that it is designed to help individuals confront negative mental images by manipulating the images in a positive manner. In this particular use of IRT, participants were asked to recall the images of their nightmares and to imaginably manipulate them in a positive way or to imagine them with a more positive outcome. The researchers asked the participants to draw a picture in which they modified their last unpleasant dream or nightmare by drawing a more pleasant outcome. Results suggested that the children's anxiety in general was lessened as well as the frequency of the occurrences of nightmares. Because of this, the authors suggested that further research be done with this version of using drawing with IRT in the treatment of Posttraumatic Stress Disorder and those at risk for trauma (Simard & Nielsen, 2009).

Because individuals with social fears often avoid seeking treatment due to embarrassment, a large problem with treating this population, some research has explored treatment methods that are sensitive to these feelings of embarrassment or insecurity. In a randomized controlled trial conducted by Andersson et al. (2006), the effectiveness of an internet-based self help program with minimal therapist contact by e-mail and two in-person group therapy sessions was compared to a wait-list control group. Sixty-four individuals with social phobia were split into these two groups for a nine-week period. The group that received the internet-based treatment underwent in vivo exposure

exercises online and participated in online discussion groups. Posttest results showed that those in the internet-based self- help group improved significantly on measures of general and social anxiety, depression, and quality of life. At a one year-follow-up, the treatment gains were maintained. The researchers attributed the improvements to using the internet as a nonthreatening way to ease participants into the person-to-person treatment element in the study. These findings support the use of some level of human interaction in the treatment of social fear, but also requires that the method of treatment be nonthreatening enough to this population. Additionally, Jorstad-Stein and Heimberg (2009) presented a study in a literature review that supported evidence about the therapist-client alliance being a predictor of treatment outcome. Specifically, a moderately strong alliance appeared to be the most successful in anxiety reduction perhaps because a weak alliance seemed to not provide enough safety for participants and a very strong alliance does not allow the participant to experience enough productive anxiety (Jorstad-Stein & Heimberg, 2009).

Other researchers have explored types of therapies that are more beneficial to those with social fears. Borge et al. (2008) explored the differences in effects of residential cognitive therapy (RCT), which focuses more on individuals' cognitions, and residential interpersonal therapy (RIPT), which focused more on the individuals' affect in a randomized clinical trial with 80 patients meeting criteria for social phobia were studied. The participants generally reported that they had tried other treatments without success. Over the course of the study, the participants lived in a mental health clinic and received 360 minutes of group therapy and 45 minutes of individual therapy a week in either the style of RCT or RIPT. Both groups showed improvement on all of the outcome measures,

including fear, fear stimuli avoidance, and anxiety symptoms. Although there were no significant differences between the two groups, the interpersonal therapy group reported this type of therapy was very tolerable compared to the cognitive therapy group. At a one-year follow up, patients in both groups maintained improvement in general anxiety and mood symptoms. This suggests that using therapies that also focus on the emotional aspects of the condition rather than only cognitions is beneficial (Borge et al., 2008).

Exposure and systematic desensitization methods have also been studied in conjunction with techniques used in cognitive behavior therapy. Feske and Chambless (1985) concluded that both exposure and CBT methods cause equal improvement and neither leads to more success in terms of reduction of social anxiety, depressed mood, or cognitive symptoms. These researchers found that the length of each treatment does not appear to affect treatment outcomes in their study but social anxiety seemed to decrease more with a greater amount of exposure therapy sessions. Berman, Miller, and Massman (1985) agreed and further added that the results of studies featuring the two treatment methods combined showed no significant advantages. The authors concluded that both treatments were equally effective and that the studies they reviewed provided evidence that these approaches caused more improvement than no treatment at all (Berman, Miller, & Massman, 1985).

The Effect of Attention Bias to Fear Stimuli and Distraction on Efficacy of Treatment

Although a majority of the collected literature has suggested that exposure therapies generally work, there are components of fear activation that are not always properly engaged during these exposure treatments, which inhibits successful fear reduction (Telch et al., 2004). Many researchers who have explored the efficacy of

exposure treatments for social phobias and other phobias have suggested that these methods will not significantly reduce fear if the individual is distracted during the treatment (Kamphius & Telch, 2000). In other words, an individual who does not or cannot maintain focus on the fear stimulus during the exposure session will not experience significant threat disconfirmation or learn that the object of their fear is not actually a threat (Kamphius & Telch, 2000). This ideology is often connected to emotional processing theory, which posits that emotional disturbance in relation to a fear stimulus will diminish once the emotional disturbance is directly experienced (as stated by Rachman, 1980 in Telch et al., 2004). If there is a disturbance in the direct experience of what elicits fear for the individual, proper fear activation does not occur and successful fear reduction does not take place (Telch et al., 2004).

Kamphius and Telch (2000) hypothesized that distraction during exposure disrupts the cognitive processing necessary for the activation of fear and, therefore, fear reduction. The researchers conducted a randomized controlled trial in which 58 participants with claustrophobia were recruited to examine the effects of distraction and threat focus on fear reduction during exposure. These individuals were divided into four experimental conditions: exposure to the fear stimulus with instructions to focus heavily on the stimulus, exposure with instructions to complete a cognitively distracting task, exposure with both guided threat reappraisal and the distracting task and exposure without instructions to focus or to complete the distracting task. As a result of their study, the researchers found that individuals who focused on specific threatening information pertaining to their personal fear during the exposure experienced the greatest amount of fear reduction. Participant's who were not distracted but also were not instructed to focus

did not experience as much fear reduction. Individuals who completed the distracting task during exposure experienced the least fear reduction (Kamphius & Telch, 2000).

Research has also explored attentional bias, or the inability or unwillingness to maintain attention or focus on particular stimuli, which is hypothesized to occur in many socially phobic individuals when faced with specific threatening stimuli (Price, Tone, & Anderson, 2011). This can be thought of as a distraction (or avoidance) during an exposure and may inhibit proper fear extinction learning. These attentional or vigilant biases are thought to play a role in maintaining an individual's fear by enhancing negative processing of social situations which leads to increased anxiety and negative expectations about social performance (Price, Tone, & Anderson, 2011).

The significance of an individual's ability to maintain attention during exposure to fear imagery or stimuli has been explored in recent research. In such a study, the responses to cognitive behavioral therapy of 24 individuals with social phobia who had vigilant (attentive) and avoidant (inattentive) biases for threatening faces were compared. The participants were categorized as being either avoidant or vigilant groups based on a test administered by the researchers. Both groups completed eight sessions of cognitive behavioral therapy, which consisted of engaging in virtual reality scenarios in a conference room, classroom, and auditorium. Findings suggested that entering cognitive behavioral therapy with an avoidant bias for threatening faces, (the fear stimulus) is associated with a weak treatment response as opposed to individuals who were able to maintain vigilant attention to the fear stimuli during the treatment. Furthermore, the authors posited that determining an individual's vigilant or avoidant response pattern to threatening social stimulation will elicit the need for different methods of treatment,

including techniques that will assist fear stimulus-avoidant individuals to maintain attention during exposures in order to achieve proper fear extinction learning (Price, Tone, & Anderson, 2011).

Similarly, Telch et al. (2004) tested several hypotheses about distraction and fear activation while considering emotional processing theory. In a study with 60 individuals with self-reported claustrophobia, Telch et al. (2004) found that distraction as opposed to undistracted exposure resulted in less fear reduction after exposure treatments. In other words, those who were vigilant to the threat word/image manipulation during the exposure showed significant fear reduction. The participants were randomly assigned to four exposure groups. One group was asked to pay attention to threatening words and images associated with claustrophobia during exposure (TW) and were then compared to a second group who was asked to attend to neutral (nonthreatening) words and images (NW). Another group engaged in a cognitively engaging and distracting task during exposure (SRT) and was compared to an exposure only group (EO). The group that was distracted while viewing the threatening words and images experienced less fear reduction post-treatment. (Telch et al., 2004).

The Use of Imagery in the Treatment of Fear

Various ways of incorporating imagery into the treatment of fear has been explored in recent literature in terms of the role it plays in the maintenance of fear as well as the treatment for it. How images might affect both the creation and long-term sustention of fear in individuals who experience specific phobias has also been a recently explored topic. Many researchers have found that people who have phobias have had a direct learning experience with the feared subject and often recall the frightening images

experienced during encounters with the feared social situation in their present lives. It is also commonly believed that those who are very fearful experience more of these images than those who report low levels of fear (Hunt et al., 2006). These fearful images also are thought to constantly create fear responses in individuals with specific phobias who report seeing pictures of their feared stimulus in magazines or other sources in daily life (Hunt et al., 2006).

Lang and McTeague (2009) reviewed recent research pertaining to the assessment of psychophysiological reactivity to fear imagery in the cases of individuals with anxiety disorders. Much of the research suggested that individuals with specific or social phobia experienced a greater fear arousal when viewing their feared stimulus as opposed to those with generalized anxiety disorder. This is believed to occur because when human beings imagine or are told about a fear-inducing subject the same physical and emotional processes are activated much like during a real encounter with the subject (Lang & McTeague, 2009). The authors speculated that noticing differences in the levels of fear arousal is crucial for the development of treatments that are suitable based on the psychophysiological responses brought on by fear imagery in these individuals (Lang & McTeague, 2009).

The role of imagery in treating social phobia has been researched beyond the use of fear imagery in exposure treatments. Other treatment methods for social fears have included the use of mentally generated imagery by individuals with these fears. Wild, Hackman, and Clark (2008) explored how negative self-image, a commonly reported symptom of social phobia, may be maintained by images associated with traumatic memories that occurred during negative social experiences. These negative images

contribute to the distorted self-image and perception of social situations in individuals with social fears. In turn, these individuals tend to avoid these situations and develop other socially maladaptive behaviors and perceptions, as they most likely occur spontaneously during threatening social situations. (Wild, Hackmann, & Clark, 2008). An important aspect of these images is that they recur from early memories, meaning that the images are not being updated based on new experiences, which may otherwise prove corrective information to the individual about the social situation. However, if unchallenged, the distorted images remain and will continue to negatively inform the individual (Hackmann, Clark, & McManus, 2000). It is hypothesized that these negative perceptions are maintained because positive feedback is mostly processed verbally so the distorted visuals are not changed.

In order to confront these distortions and negative images, a technique called cognitive restructuring is often employed by therapists to revisit early unpleasant memories and to imagine them in a more accurate and positive manner (Wild, Hackmann, & Clark, 2008). Hackman, Clark and McManus (2000), also found that cognitive therapy utilizing image modification with cognitive restructuring could target the imagery of early negative memories of a fear stimulus, and transform the memory into a less distorted and more positive image. These researchers posited that the image of early memories can be transformed, giving them new meaning and promote changing fearful responses to the situations in which they arise in the individual's life (Hackmann, Clark, & McManus, 2000). After participants with social phobia were encouraged to modify the image of their trauma memory by changing their perception of the event, the individuals reported a significant decrease in anxiety about the events that they feared and

experienced less vivid imagery relating to their social fears and traumatic memories. The researchers acknowledged that recalling and essentially re experiencing the memory may be similar to exposure processes, but attribute most of the significant anxiety reduction to challenging distorted beliefs during the cognitive restructuring of the memory (Wild, Hackmann, & Clark, 2008).

Modification of fear imagery with humorous or fantastical imagery has also been explored, which is a creative type of cognitive restructuring that is hypothesized to disempower the image while giving the individual empowerment in the ability to change the feared stimulus (Hunt et al., 2006). The goal for this method of treating fear is to modify images until the feared stimulus no longer elicits a fear response, therefore, eliminating the learned fear-inducing relationship between the individual and the feared stimulus (Hunt et al., 2006). In a two part study conducted by Hunt et al. (2006), findings showed that participants rated as being highly fearful of snakes and that had reported experiencing vivid and horrifying imagery in their daily lives showed significant fear reduction from this kind of cognitive restructuring in which they modified the fearful images by imagining a humorous or disempowering alteration to the image, for example, imagining a snake with no teeth, like an old man. The researchers in this study not only found that modifying the images in this way was not only an effective treatment for snake phobia but also found that participants reported this type of treatment as being very tolerable compared to traditional in vivo exposure therapy (Hunt et al., 2006).

Creating Art about Fear and Trauma

Although the creation of physical images has been absent in the research of treatment for social fears, making art has been found to be beneficial in other situations,

both similar and dissimilar to social phobia. Creating art or physical images has been explored in terms of the process and the effects it has on mood. The field of art therapy is founded on the belief that art can be healing in that externalizing feelings through creating artwork can allow individuals to resolve conflicts (De Petrillo & Winner, 2005). Creating artwork has also been thought to reduce aggression, reduce anxiety, and can be a pleasurable activity (Levy, 1995).

De Petrillo and Winner (2005) suggest that expressing feelings through drawing or creating art can help create a positive mood as opposed to simply engaging in the physical act of drawing. The effectiveness of creating art in mood regulation was tested following an induction of sadness in participants by showing a film including tragic events. In experiment 1, college students (N=42) were assigned randomly to either a free drawing, in which they could express anything they chose, or a shape-copying group, in which the participants copied geometric shapes. The free drawing group experienced a more positive mood than those who merely copied shapes. De Petrillo and Winner (2005) further reported that participants in the free drawing group experienced a more positive mood following the art making for various reasons. Some reported using the task as a distraction from the saddening film by drawing subject matter that allowed them to escape from the sadness they were experiencing while others created artwork that expressed their sadness. These participants reported that they used the activity as a means of catharsis and experienced an increase in positive mood after being able to express the sad feelings (De Petrillo & Winner, 2005). The authors suggested that art making as a means of expression rather than of distraction induced a more positive mood.

Research has also explored how engaging in art can alleviate anxiety, which is a reaction closely tied with the nature of phobias (Curry & Kasser, 2005). Art making, a task that does not require talking, is thought to be an effective method of reducing anxiety because it does not pressure one to communicate verbally, which is often difficult when it comes to emotional conflicts (Christenfeld & Creager, 1996). Certain art making activities, like coloring, may also reduce anxiety in that they are similar to meditation, which is thought to allow individuals a quiet state of inner reflection (Curry & Kasser, 2005). This may explain the results of a study conducted by Curry and Kasser (2005) in which individuals reported decreased anxiety after coloring a mandala with a pre-drawn design after a fear induction. Drawing mandalas are commonly thought to stimulate psychological healing and well being when created by an individual and are often used in art therapy to promote a calm mood and self-reflection (Henderson, Rosen, & Mascaro, 2007). It was hypothesized that coloring a previously prepared mandala would be more anxiety reducing than both coloring a square with a plaid design and completing a free drawing. Upon comparison, results indicated that coloring the mandala indeed reduced more anxiety than the free-form coloring, but was equal in this respect to the plaid design. Curry and Kasser (2005) posited that this may have been because the mandala and design colorings were not so complex that excessive thought was necessary and provided structure and direction, which may have been nonthreatening to participants.

Creating artwork has also been found to help facilitate discussion in populations where verbal language is not possible or not developmentally accessible, such as with children (Driessnack, 2006). It is commonly believed that expression and disclosure of traumatic experiences is associated with better physical and mental health (Henderson,

Rosen, & Mascaró, 2007), so children and individuals without this opportunity are at risk for developing mental health issues (Driessnack, 2006). Driessnack endorsed the use of art to elicit information from children who experienced fear from a variety of sources and found that it brought forth a significant amount of verbal associations that may not have been achieved without the picture making.

“When children, or adults, for that matter, are able to explore a situation from a distance, they are usually able to think more clearly and access energies that are disempowered when they are in the situation” (Driessnack, p. 1431, 2006).

Children were also shown to verbally express about serious traumas and other highly emotional experiences after drawing (Gross & Hayne, 1998). In a study conducted by Gross and Hayne (1998), results indicated that children who were asked to draw about emotionally laden times experienced by the child spoke more in quantity and more in-depth about those experiences. The authors suggest that drawing might evoke more verbal interaction because the act of drawing might reduce the pressure of the social expectations of a verbal conversation about difficult subject matter. Drawing is also hypothesized to facilitate the cognitive act of memory recollection as the specific visual images depicting the experience are regenerated and connected to the visual memory of the event, which in turn leads to a better ability to share the memory in detail (Gross & Hayne, 1998). Drawing the experiences may also help children properly organize the narrative of the story, which also facilitates in-depth retelling of the stories.

Creating images has also been shown to significantly benefit children with sexual abuse trauma histories by reducing anxiety, depression, anger, and symptoms of

posttraumatic stress. (Pifalo, 2006). Trauma-focused art therapy facilitates expression of thoughts, feelings, and images through creating artwork and is framed around the theory that individuals with trauma histories experience difficulty in distinguishing between safety and threat due to their experiences with trauma (Lyshak-Stelzer et al., 2007).

Several studies have used trauma-focused art therapy in combination with cognitive behavioral approaches, which offers a safe structure to the often ambiguous nature of creating artwork (Lyshak-Stezer et al., 2007; Pifalo, 2006). The type of artwork used in these treatments was the creation of collages and drawings of feelings, flashbacks, dreams and memories related to their trauma. Pifalo (2006) suggests that the activity of using images to express memories of disturbing incidents is beneficial because the nature of traumatic memories are often visual, so it makes sense to use a visual form of expression to explore and problem solve the difficulties that surround such an event. Although there is some concern surrounding directly addressing traumatic-memories with visual images as being retraumatizing, there is evidence that the effects of expressing the thoughts and feelings surrounding the trauma are more beneficial than not (Lyshak-Stezer et al., 2007). The concrete and graphic nature of creating artwork, and the structure of cognitive behavioral techniques are credited as the basis of the success of using art as a mode of expression for trauma (Pifalo, 2006).

The creation of mandalas were also found to reduce PTSD symptom severity in a study conducted by Henderson, Rosen and Mascaro (2007) with individuals diagnosed with PTSD. Because creating mandalas often creates a calming effect, the authors attempted to use the creation of mandalas to allow visual expression of traumatic memories, thoughts, and feelings. They also suggest that creating art about these traumas

creates an opportunity for therapeutic exposure, which leads to the reduction of negative associations paired with stimuli pertaining to the trauma (Henderson, Rosen, & Mascaro, 2007). In their study, Henderson, Rosen, and Mascaro (2007) recruited individuals diagnosed with PTSD in order to examine the benefits of creating a mandala in relieving PTSD symptoms through means of image making as traumatic closure. The experimental group was asked to draw a circle on a piece of paper and to fill it with visual representations of feelings or emotions using symbols, color, patterns, but no words, related to their trauma. Results concluded that drawing the mandalas was more beneficial in regard to decreasing the symptom severity of PTSD, although there were no significant changes in the other treatment variables (Henderson, Rosen, and Mascaro, 2007).

CHAPTER 3: METHODOLOGY

Design

To address the research question: How do individuals with fears of social situations experience making art of their feared situation, this study used a qualitative case study, a method of qualitative inquiry intended to explore and gather data about a particular event or activity (Creswell, 1998). As a form of qualitative research, qualitative case studies are an inquiry process of understanding in which the researcher builds a complex picture from interpreting the observations and other information occurring in the natural setting of the event (Creswell, 1998). This study can be defined as a collective instrumental case study, because a process is being studied across several incidents (Stake, 1995). In the current study, the identified case consists of individuals with social fears creating art about the situations they fear. The case is a bounded-system because the activity is specifically undertaken by individuals with intense fears of social situations. Multiple methods of data collection, consisting of an interview, a brief questionnaire and an art making process were used and the researcher then attempted to interpret the information in order to provide an in-depth exploration of each case being studied. The objective of the current study was to explore how individuals with fears of specific social situations experience making images of these situations with various art materials. In order to gather data, the researcher considered the artwork made by each participant as well as answers to semi-structured interview questions and a brief questionnaire following the art making.

Location of Study

Participants took part in the art making and interviews in a private room located in a Drexel University building on the Center City campus in either the Bellet Building. The

study took place in several different private conference rooms located in the Bellet Building.

Time Period for Study

The study took place for one year from approximately April 1, 2012 to April 1, 2013. The researcher met with the participants individually based on their inquiries about the study and availabilities. Data collection occurred during a one-time meeting with each participant for a one-hour art making and interviewing session. Data analysis of the interviews, artwork and observations made by the researcher followed the meetings with the participants.

Enrollment Information

Participants were either undergraduate or graduate students of Drexel University. Seven individuals volunteered and completed all data collection, although ten individuals were intended to be recruited. All participants reported having one or more fears of specific social situations, were between the ages of 18 and 65 years and did not have a previous or current mental health diagnosis. Originally, ten participants were intended to be recruited for the study but only seven met all of the requirements and had time available to meet with the researcher. The participants ranged in age from 19 to 26 years and were enrolled at Drexel University as students. Of the seven, five were males and two were females and all except for one were graduate students at the university.

Participant Type

Participants were to be either students or employees of Drexel University who had self-reported fears of a particular social situation but have not been diagnosed with social phobia, social anxiety, or any other mental health diagnosis prior to participation in the

study. Participants were recruited who had a self-reported social fear and were willing to engage in a two-part art making activity in which they depicted their feared social situation with art materials. Six of the seven participants recruited for the study claimed to have fears of public speaking while the other participant chose a highly unique social situation.

Participant Source

Participants who were recruited for this study responded by either calling or texting the researcher with a number posted on flyers calling for individuals with social fears who met the criteria and were willing to participate. Eligible participants were posted as being either students enrolled in the University as well as individuals employed by the University as long as they fell between the age range of 18 to 65 years old and met the other criteria items posted on the flyers. This includes reporting of a social fear and not having been diagnosed with a mental health disorder.

Recruitment

Flyers were posted in many of the academic buildings on the three Drexel University campuses in Philadelphia, Pennsylvania (West Philadelphia Main campus, Center City campus, and Queen Lane campus). The flyers included the title and purpose of this study and participant inclusion and exclusion criteria. The flyer also provided notice of a remuneration of \$15.00 in the form of a Visa gift card if the individual completed the tasks involved with the study. The researcher's name and contact information were also be provided. Many individuals responded to the flyers by contacting the researcher by phone, however, only seven participants met all of the criteria for the study and were able to meet with the researcher in person.

Participant Inclusion Criteria

Participants included in this study reported experiencing fears in response to specific social situations but have never received, at any time, an official diagnosis of social phobia or any other diagnosis in which criteria includes social functioning impairment such as a panic disorder, generalized anxiety disorder, or a psychotic disorder. This was meant to ensure that the participants would feel to complete the tasks of the study without becoming overly anxious or distressed. All seven participants were between the ages of 18 and 65, with the youngest being 19 years old and the oldest being 26 years old. The researcher met with each participant individually and once the consent forms were signed, began the study.

Participant Exclusion Criteria

Participants who had any previous diagnoses of social phobia, social anxiety or any other diagnosable mental condition, including a panic disorder, generalized anxiety disorder, or a psychotic disorder were excluded from this study.

Methods and Procedures

Instrumentation

Data was collected through an interview, responses to a brief written questionnaire and through observing a two-part art making activity in which the participant first drew a depiction of the social situation they have social fears towards or about. The second part consisted of instructing the participant to physically modify their image or creation in a way that made it seem less fear inducing to them. Questions asked both in written and verbal form pertained to how the participants felt while creating the artwork and how they felt afterwards, if they had any strong reactions, or any other

relevant responses to the art making activity. Questions also asked participants to comment on the physical presence of the researcher during the experience and how it may, or may not, have affected their performance during the tasks. Open-ended questions in the semi-structured interview and brief written questionnaire asked for information on how the participant felt during each activity and how he or she perceived the outcome of participating in the art making. The researcher also had a form on which observations of the participant's behaviors were recorded. Any nervous behaviors like excessive fidgeting, or sweating will be noted.

Informed Consent

The researcher provided participants with a consent form and explained it to them in detail prior to their engaging in the study. This informed consent form restated the purpose and nature of the study, including a statement informing participants of the minimal risk of the study, namely the risk of experiencing moderate discomfort or anxiety in drawing imagery pertaining to and then conversing about their feared social situation. The participants were informed that they may discontinue participating in the activities and the interview without consequence. The written consent included a statement about the intention of the study as well as information on the procedure of the two-part activity, the written questionnaire between art making, and the short interview following the activities. The consent also informed the participant that the researcher would photograph any artwork the participant creates during the activity. They were informed that those photographs may be included in the researcher's Master's thesis but that confidentiality will be maintained and no names will be attached to the images. The researcher verbally confirmed that the participant understood and that he or she consented

to the information provided about the study before the consent was signed. Two copies of the consent form were signed by the participants who received one signed copy to keep and the researcher kept the second signed copy, which will be stored in a locked and secure file in the Hahnemann Creative Arts in Therapy program offices. Approximately thirty (30) minutes were taken for the informed consent process before the activities of the study began.

Data Collection One: Art Activity Part One (10-15 minutes)

After concluding the informed consent, the researcher presented the participant with either big or small paper, pencils, color pencils, markers, oil pastels, crayons, scissors and a ruler. The participants were asked to draw an image or create a three-dimensional representation with model magic that depicted the social situation that they have self-reported fears about with the materials provided. The researcher explained that the participant should take 10-15 minutes for this initial activity but may stop whenever they decide the image or creation is finished. During this time, the researcher was taking notes and recording observations according to an behavioral observation form as the participant completed the first art activity. Once the participant stopped working on their creation the researcher gave instructions for the next step of the study.

Data Collection Two: Short Questionnaire (5 minutes)

After the first part of the art activity, the researcher gave the participant a short questionnaire to fill out with a pen or pencil provided by the researcher. The participant was asked to quietly fill out the questionnaire and to take up to 5 minutes to complete it. The questionnaire asked the participant to identify the social situation he or she chose to depict, and asked him or her to write about anything they felt or thought during the

activity. The questionnaire also asked the participant to report their current fear or anxiety level. Following the completion of the questionnaire, the researcher took back the written responses to the questions and then provided instructions for the next part of the art making activity without discussing the participant's answers.

Data Collection Three: Art Activity Part Two (10--15 minutes)

Following discussion of the participant's answers to the written questionnaire, the researcher then asked the participants to use the same or different materials to physically change or manipulate the original image or representation they initially created in a way that they thought would make the social situation less frightening to them. If a participant needed more specific directions, the researcher reframed the instructions by asking the participant to change the image in whatever way they think would make it less fear or anxiety provoking to them personally. The researcher explained that the participant may choose to do this in any way they want, whether it be by removing certain threatening elements from the drawing or adding more comforting elements. The researcher often stated that there were no right or wrong ways to complete the activity. The researcher informed the participants that they had 10 to 15 minutes to complete the activity but may stop whenever they decide they are finished.

Data Collection Four: Final Interview (10-15 minutes)

Following the second part of the art making activity, the participants were asked to participate in a short interview to answer questions about how they interpreted the instructions to manipulate the original depiction in a way that made it seem less frightening. The participants were also given the opportunity to express how they experienced the alteration of their piece of art compared to creating the initial image of

the feared social situation. Participants were asked if their fear increased or decreased and whether the presence of the researcher affected their ability to complete the activities. The participants were also asked if any parts of the study were experienced as being more fear or anxiety producing than other parts. At the conclusion of the interview, the participants were given \$15.00 in the form of a Visa gift card as remuneration and were thanked for their participation.

Data Analysis

Interviews, responses from the written questionnaire, and behaviors from each of the participants during their individual meetings with the researcher were compared and analyzed for emerging themes or patterns, otherwise known as categorical aggregation (Stake, 1995). Specifically observed was how the individuals chose to modify the drawing in the second art making, behaviors, and levels of reported comfortability or anxiety experienced during the meeting. These and other emerging observations were identified through response frequency across the reported experiences of the participants and observations made about the participant's behaviors and artwork. Essentially, from the themes, content, and behaviors that emerge, the researcher will draw naturalistic generalizations about the way the participants experienced making art about their social fears in a situation that somewhat resembles the nature of an art therapy session. If no patterns emerge the individual outcomes will be discussed.

Possible Risks and Discomforts to Subjects

The risks involved in the study appeared to be minimal, including both physical psychological harm. Participants with self-reported social fears may have experienced discomfort or heightened fear, anxiety, or embarrassment during the creation of their

feared situation in the art making activities and from interacting with the researcher one-to-one during the interview. Participants may also have experienced anxiety about making art if they were concerned with not having artistic talent. The participants were told that they may withdraw from the study at any time without consequence. Although no participants appeared to experience anxiety or discomfort to the point that they needed additional assistance, they were given contact information for the Drexel University Student Counseling Center at (215) 762-7625. Employees may have contacted Drexel University's Employee Assistance Program at (866) 799-2728.

Special Precautions to Minimize Risks or Hazards

In order to minimize risks, the researcher explained prior to the study in both the written informed consent and verbally that participants may discontinue participation if at any point they become overly uncomfortable and wish to stop. The researcher told all participants that talent or skills in completing the art making was not needed or assessed for the study. The art making activity occurred in the privacy of a secluded room in the Bellet Building with permission of Drexel University. After the data collection was complete, the researcher provided the participants with the contact information of the Drexel University Student Counseling Center, (215) 762-7625, in the event that they experienced psychological distress at any point following the study.

CHAPTER 4: RESULTS

Overview

The major findings of this study focus on the experiences of participants with social fears while depicting their feared social situations and then transforming it with art materials. The formal art elements observed in the drawings are not a primary focus of this study, however, some of the content of the artwork and how participants chose to interpret and execute the instructions of the tasks will be noted in this chapter.

The areas of experience that were compared and analyzed for meaning are:

- Anxiety level throughout the meeting. This includes the anxiety ratings reported by the participants over the course of the study, including arrival, completion of the art making activities, and discussion following the art making activities. At what points of the meeting were the most and least anxiety provoking will also be discussed.
- Observations made by the researcher about the participant's behaviors during the meeting.
- The feelings/thoughts about the experience of drawing a feared social situation reported by the participants.
- How the participants decided to interpret the instructions to "modify their depiction of their feared social situation in a way that would make them less afraid of the social situation."
- The thoughts/feelings of the participants after completing the modified social situation versus completing the original feared social situation.

- New realizations or changed perceptions made by the participants that they associated directly to completing the art making activity and discussing the experience with the researcher.
- Whether participants preferred answering questions in written format compared to having a one-to-one discussion with another individual and why they preferred one or the other.
- How participants reported being affected by the presence of another individual observing them during the activities of the study in terms of their ability to perform during the art making activities as well as any thoughts or feelings that may have been effected.
- Any themes that emerged during analyzing the data.

Analysis of the Data

The following will pertain to the data collected about each participant's experience with making art of feared social situations as reported by each individual and observed by the researcher. The data will be presented by elaborating on the areas of experience listed previously and will attempt to portray each individual's experience during the study. The data will also be presented in tables, which can be found at the end of this chapter as well as images of the seven participants' artwork. All participant's names were changed for the purposes of this study.

Participant 1: Seth

The first participant was a 23-year-old male who was an international student from India studying electrical engineering (Table 1). At the time of the meeting with the researcher it was his first month as an international student at Drexel University. He

reported social fears of public speaking and meeting people for the first time. He decided to depict a scene of himself giving a presentation on a raised platform to a small gathering of people who were pointing at him and some were given speech bubbles saying “HAHA!” (Figure 1). He drew himself alone on the platform with thought bubbles coming from his head saying, “Why is everyone staring? Oh God! What was the next point? Is my hair alright?”. He drew himself frowning with raised eyebrows as if scared.

Seth rated his current anxiety/fear level at a three out of ten during the written questionnaire after he had drawn his social fear, however, did appear slightly nervous or anxious as he completed the first drawing by asking several more questions about how to approach the task. Besides some fidgeting with art materials and his hair, no other overly anxious behaviors were observed. Later in the meeting, the participant disclosed that he was the most nervous about the anticipation of the study during his ride to the location of the study, saying that he was worried about the unknowns surrounding the meeting, such as what the researcher was going to be like and what exactly he would have to do.

Seth reported not feeling significantly fearful of his feared social situation during the first drawing but instead was more anxious about whether the drawing would fulfill the directions of the activity or if the researcher would approve. He did say that while he was drawing the image he did start to feel a little anxiety because he was imagining times where he had to give presentations in the past. This led to the realization that the fear mostly occurred while anticipating public speaking and that he calmed down during the presentation. He also said that he realized that the fear was all in his head.

During the modification or second part of the art making activity, Seth decided to alter his original drawing by erasing the pointing fingers and laughter of the crowd and

then adding blindfolds over the audience's eyes (Figure 1). He also drew three more people on the platform behind him and wrote "group presentation" on the board behind them. He crossed out his worried thoughts and added another one that says "Thank God they're all blindfolded". He also changed his frown to a smile. During the verbal interview, he reported that he decided to change the image in this way because during presentations he was most anxious about people staring at him because that made him feel like they were judging him. The added group mates also made him feel more comfortable because the attention would no longer be just on him.

As far as the methods of answering questions about the experience, Seth preferred the verbal interview to the written questionnaire because he felt like he was better able to express himself more freely in a verbal conversation. He did note that if there had been more people involved in the interview that he would be more nervous and might prefer the written format in that case. Participant 1 also commented about the presence of the researcher made him very nervous at first because he felt like he was being watched and evaluated on his drawing. This was most present during the first drawing, he said, but he eventually got used to it and ultimately felt very comfortable because the researcher's demeanor was warm and friendly.

Table 1: Seth's Responses

Chosen Feared Social Situation	Initial Anxiety Rating	Final Anxiety Rating	Behaviors	Choice of Modification	Thoughts/Feelings during and after Modification	Reported Realizations/ Insights about Fear	Effects of Researcher's Presence
Public Speaking	3 Felt most anxious on ride to the study.	0 or 1 Felt least anxious after first drawing.	Some fidgeting with hair, question asking.	Used original image. Erased pointing fingers and laughing from audience. Covered audience's eyes with blindfolds. Crossed out nervous speech/thought bubbles from him. Added group mates with him. Changed his frown into a smile.	Thought about past experiences.	"It's all in my head". Gets most anxious anticipating presentation and feels more comfortable as time goes on.	Initially worried about being watched but got used to it. Worried about whether his drawing would suffice for the researcher.

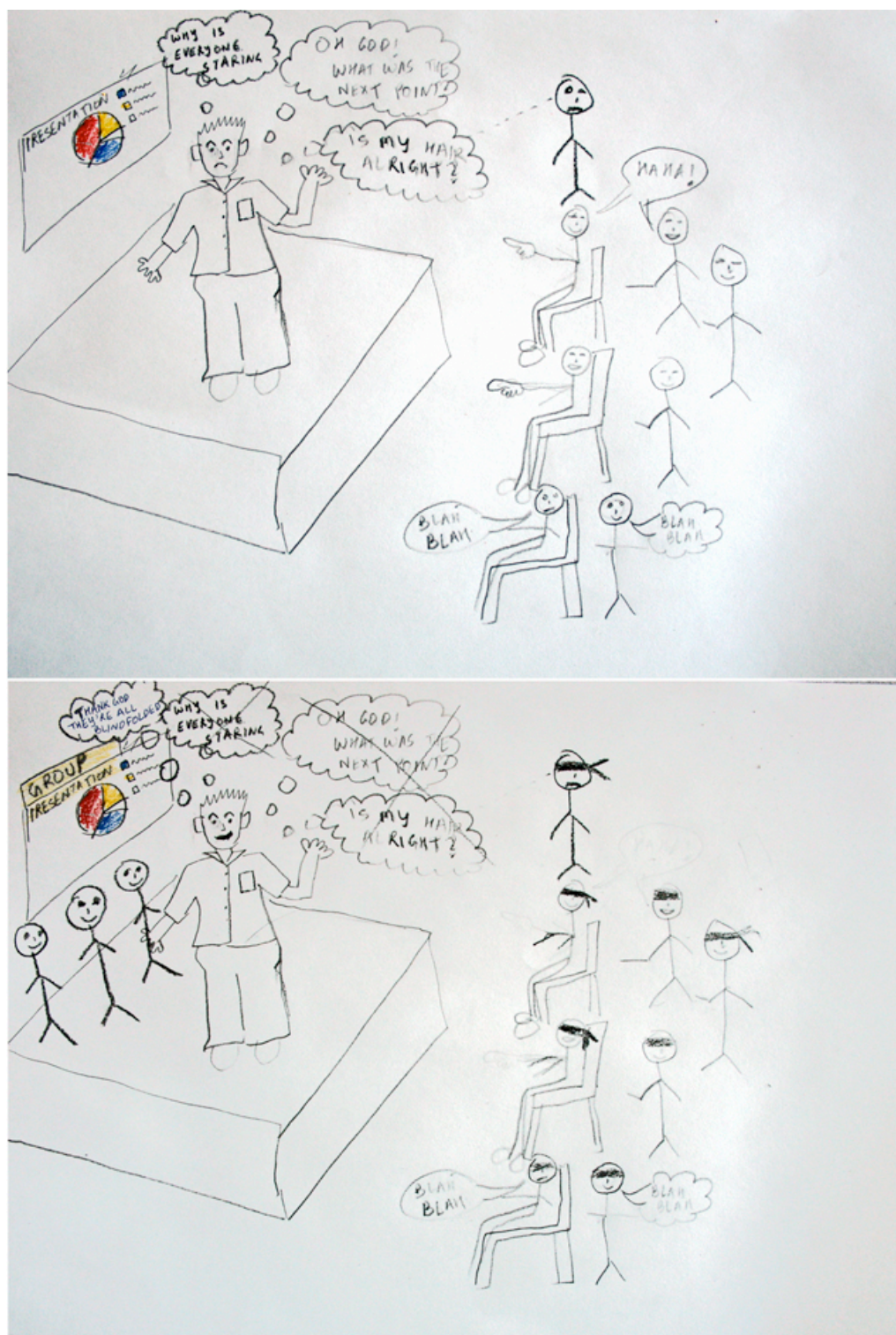


Figure 1: Seth's Original and Modified Drawing

Participant 2: Kiran

The second participant was a 22-year-old male who was also an international graduate student from India studying electrical engineering (Table 2). He also reported social fears of public speaking, talking to women, and speaking in large gatherings. He chose to depict his fear of public speaking in a very similar way as participant 1 by drawing himself at a microphone on a raised platform in front of a large audience seated in rows of chairs.

Kiran appeared to be very nervous based on his behaviors observed by the researcher. He spoke very quickly and made quick movements with his hands while he drew. He often erased parts of his drawings in a hurried manner and the line quality of his drawing also seemed rushed and sketchy. He took many deep breaths and his hands often appeared to be shaking. Once he was finished, he immediately began to explain the image to researcher without prompting, saying he did not want the researcher to misunderstand his drawing and think badly of him. He explained that public speaking made him nervous because seeing people in the audience not paying attention and talking amongst themselves during his presentation meant that they thought his presentation was not important and that his performance was poor. He thought that in order to not be less fearful he would need the audience to make eye contact with him.

During his written questionnaire, Kiran claimed that his current anxiety was an eight out of 10 and that everything about the image made him feel very anxious. He said that drawing the image made him think about his fears about public speaking and then began to feel those feelings during the questionnaire. At this point his speech was very rapid and continued to take deep breaths, appearing very anxious.

For the modification part of the art making activity, he said that he could not draw what would need to happen in order for the situation to make him more comfortable so he wrote out the changes on the same drawing (Figure 2). Over top of the audience he wrote in a speech bubble, “Listening carefully and not busy talking amongst themselves” and overtop of himself he wrote in a speech bubble, “Making eye contact and being confident”.

While creating the modification, he claimed to recall a recent past experience during which he had to introduce himself to a group of people he did not know. From thinking about this experience as he drew, he was able to describe how it makes him feel less confident if an audience is not giving him full attention. Kiran also said drawing the situation out also led him to realize that he gets anxious when people are looking at him as well. He said this was because he began to get nervous about what they were thinking about him. This realization led him to talking with the researcher about his ongoing struggle with focusing on him rather than on what others think. He disclosed that his family always told him to focus on his studies and not to worry about what others thought of him but how hard it was to ignore and affects him negatively socially and academically. He also said he was worried about being helpful to the researcher and that it was making him even more anxious to wonder whether the researcher was understanding what he was trying to get across.

At the point of the interview, Kiran’s anxious behaviors seemed to decrease but he said that during the point of the written questionnaire he was feeling really scared and now felt silly about it, but couldn’t help feeling that way. He rationalized out loud that he knew he should not worry so much about what the researcher thought because he wasn’t

there to impress anyone. He said he felt more comfortable as the interview went on because he got to know the researcher better and felt like he could better explain himself verbally. He says this is because he can read the person's reactions to him better, which makes him feel more confident socially.

At the end of the meeting, Kiran asked for advice about what to do with his social fears because he felt it was becoming problematic in both his academic and social lives, but when given information about the student counseling center, was hesitant because his family and culture's beliefs discouraged therapy but said he would think about it.

Table 2: Kiran's Responses

Chosen Feared Social Situation	Initial Anxiety Rating	Final Anxiety Rating	Behaviors	Choice of Modification	Thoughts/Feelings during and after Modification	Reported Realizations/ Insights about Fear	Effects of Researcher's Presence
Public Speaking	8 Most anxious during first picture.	2 or 3 Least anxiety during his explanation of first drawing.	Rushed rate of speech. Struggled with making eye contact. Over explaining.	Used original image. Wrote what he would change in speech bubbles (audience making eye contact with him; he is confident).	Recent past event where he was worried what others were thinking. “Talking to people for the first time is hard”.	People watching him also makes him nervous/worried about what they're thinking. I'm always worried about what others are thinking. I know I shouldn't worry about it.	Initially worried he was being judged and analyzed but got used to it by the second drawing.

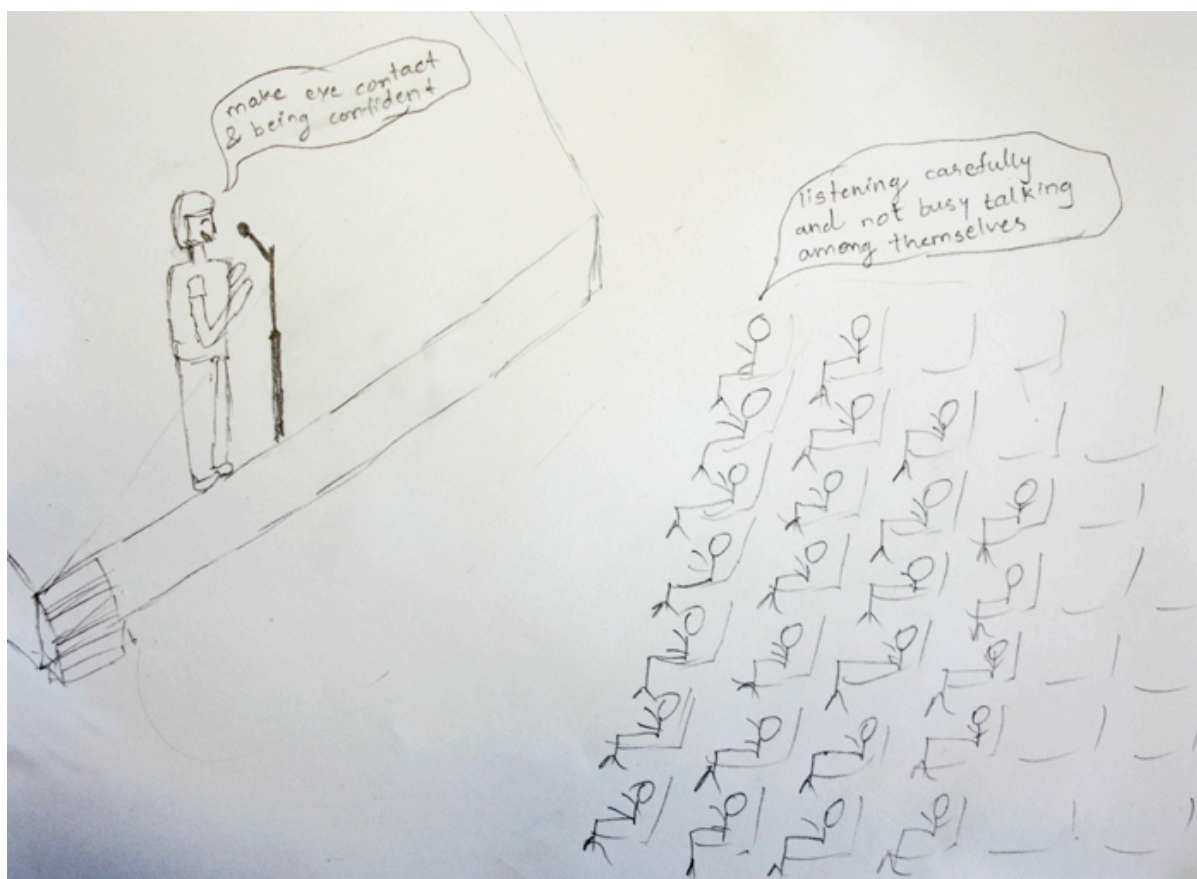


Figure 2: Kiran's Original and Modified Drawing

Participant 3: Adam

The third participant was a 19-year-old Caucasian male undergraduate student pursuing a degree in health sciences (Table 3). He also claimed to have social fears about public speaking or speaking in large groups of people. Between a large and a small piece of paper, Adam chose the large piece of paper and depicted himself presenting in front of a large group of people with disinterested faces (Figure 3). Later, he mentioned that he has more fears about giving presentations about things he is not interested in.

Adam did not appear overly anxious in his behaviors. His body posture was relaxed and his rate of speech was typical and fluent. While he was drawing he looked up at the researcher after he made a mistake or had to erase or edit something in the image. He drew the audience members in a repetitive manner for a long period of time, however, his movements were casual and calmly executed. These behaviors seemed to parallel his self-reported anxiety level of three out of ten during the written questionnaire, in which he wrote that he was not fearful or anxious at the time. He also mentioned that he experienced feelings of being judged by the researcher as he drew in the same way he feels judged when he has to talk in front of a lot of people.

When asked to modify his depicted feared social situation, he immediately chose another large piece of paper and drew a completely different image, which consisted of a large room filled with people talking to each other in one-to-one conversations (Figure 3). He depicted himself talking to another single person about a topic he found interesting. He said this made him feel more comfortable because both participants in the conversation are equal as opposed to one person speaking to a large audience. Adam also mentioned that he felt more in control over the situation because he can focus on the one

person's responses and can read when they may be thinking more easily. Speaking about a topic he finds interesting helps him feel less fearful as well because he is more confident.

While drawing the manipulated image, Adam said he realized that the same is true of his performance at job interviews, saying that he does better during individual interviews as opposed to group interviews because he is less nervous. During the drawing, he rated his anxiety level at a three again although he was thinking about his feared social situation, a time he rated his anxiety as an eight out of ten.

The written questionnaire did not make the participant more anxious, but he mentioned that he had self-critical thoughts about his drawing and said he analyzed it and could have provided a better drawing or example of his fear. He preferred the verbal interview to the written questionnaire because it was a more fluid way to communicate.

He reported that finding the room of the study was the most anxiety provoking part of the meeting but felt fairly calm throughout the remainder of the meeting. He also claimed to feel insecure about his drawing skills and on his social fear as he was drawing because the researcher was observing but overcame those feelings during the second drawing.

Table 3: Adam's Responses

Chosen Feared Social Situation	Initial Anxiety Rating	Final Anxiety Rating	Behaviors	Choice of Modification	Thoughts/Feelings during and after Modification	Reported Realizations/ Insights about Fear	Effects of Researcher's Presence
Public Speaking (About a topic he doesn't care for).	3	3 Low anxiety throughout the meeting.	Looked up from drawing at researcher several times.	Created new image. Drew himself speaking to someone one to one about an interesting topic.	Recalled past experiences.	Realized that he performs better at job interviews when interviewed one to one.	- Initially thought his drawings skills were being judged as well as his social fear but got over it as time went on.

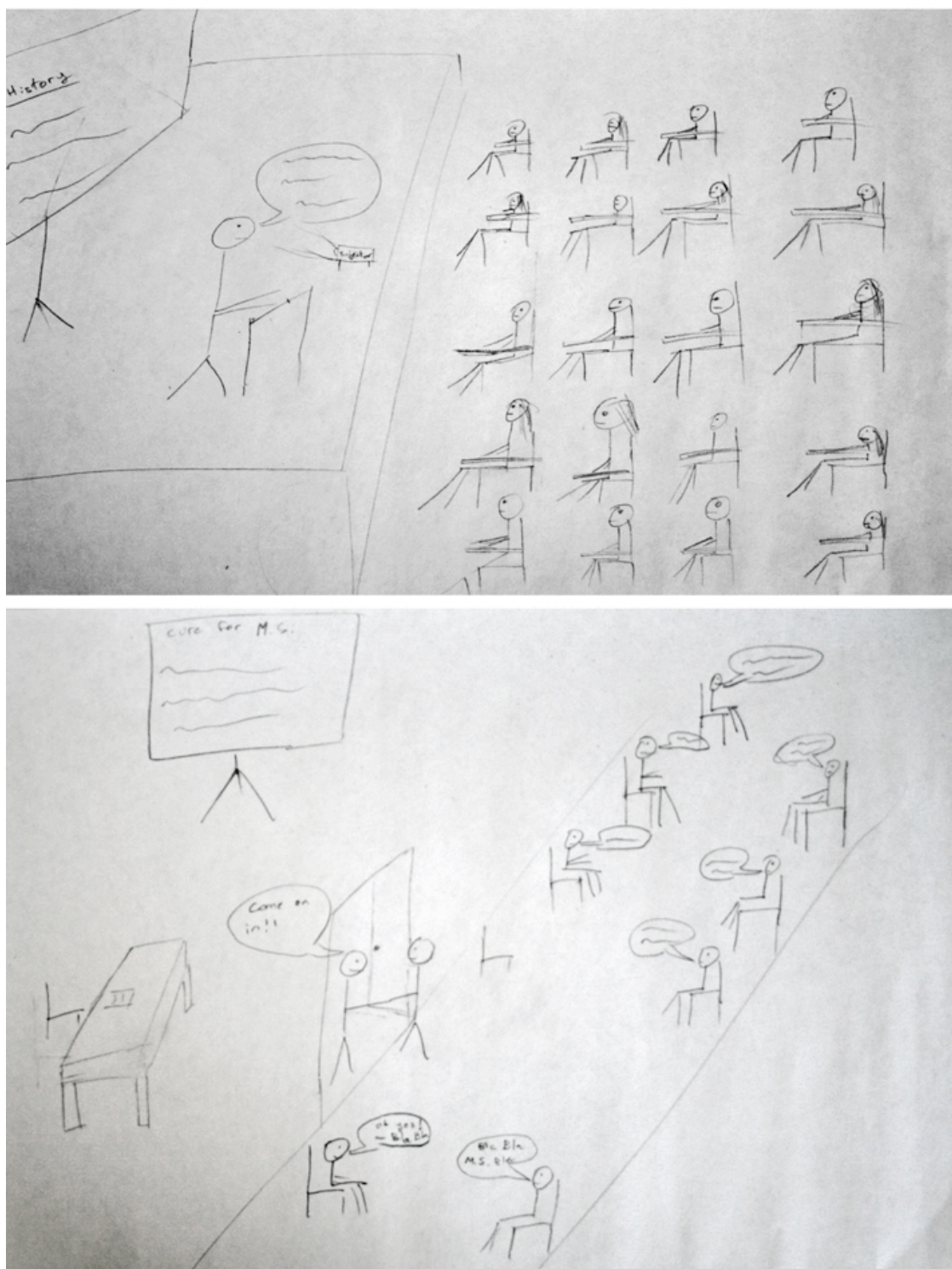


Figure 3: Adam's Original and Modified Drawings

Participant 4: Ashley

Ashley was a 23-year-old African American female graduate student public health major who also reported social fears about public speaking (Table 4). After given the instructions, she chose a black color pencil and claimed that all she draws was stick figures, although she actually nearly drew full figures. She depicted herself smiling at the top of the page behind a podium with an empty speech bubble coming from her (Figure 4). She drew two rows of figures from the waist up with arms, but no hands with wide-open eyes and neutral expressions. The figures, including her own depiction, are facing the viewer. Ashley did not appear anxious except for occasionally looking up at the researcher as she was drawing.

On the written questionnaire, Ashley claimed that she recalled specific times she had to speak in front of large audiences as she was drawing herself public speaking. She said she remembered how nervous the experience made her feel and how she felt like people were judging her or misunderstanding what she was saying. She rated her anxiety as a four during the written questionnaire and said that the images she drew of the people watching her stand at the podium caused her to experience this anxiety.

Ashley chose to interpret the directions to modify the depiction of feared social situation in a way that would make it less anxiety producing by crossing out or removing everyone in one of the rows of people in the audience (Figure 4). She said this would make her feel less fearful because there would be less people there watching her and that ten to twelve people would be a good size for her. The participant said that while she was drawing, she recalled past experiences from jobs and how she practiced giving presentations to smaller groups before giving the presentation to a large group so when

she crossed out an entire row of people, she felt relieved. Ashley reported that the audience members faces expressions couldn't be read well, which was a source of anxiety for her because she did not know what they were thinking. She even reported that when she sees an audience smiling, she still has doubts that her presentation is being received well.

When asked about any differences in what she was feeling or thinking between the two different drawing tasks, she said the first part when she drew her fears made her feel anxious but the second activity empowered her by having a chance to cross out part of the image that produced her anxiety. While discussing the drawings in the verbal interview, she said her anxiety level went down to about a one from a four after she crossed out the figures in her drawing. She claimed that the drawing portion of the meeting was the most anxiety producing because she did not feel she had much control and that she felt most comfortable explaining herself verbally. As for the researcher's presence during her drawing, Ashley said she was not affected because she was more focused on depicting the situation and was not worried about her skills being judged.

Table 4: Ashley's Responses

Chosen Feared Social Situation	Initial Anxiety Rating	Final Anxiety Rating	Behaviors	Choice of Modification	Thoughts/Feelings during and after Modification	Reported Realizations/ Insights about Fear	Effects of Researcher's Presence
Public Speaking	4 All of the drawing parts were most anxiety producing.	1 Felt least anxiety during interview, but claimed anxiety went down when she was crossing people out.	Looked up at researcher while drawing occasionally.	Crossed out one row of audience members.	It was alleviating to have less people watching her, thought about how much better it would feel if it happened in real life.	Realized that larger groups produce more anxiety. Even when people appear to be responding well to her (smiling, etc.) she still questions it.	Not affected. More focused on depicting the situation accurately.

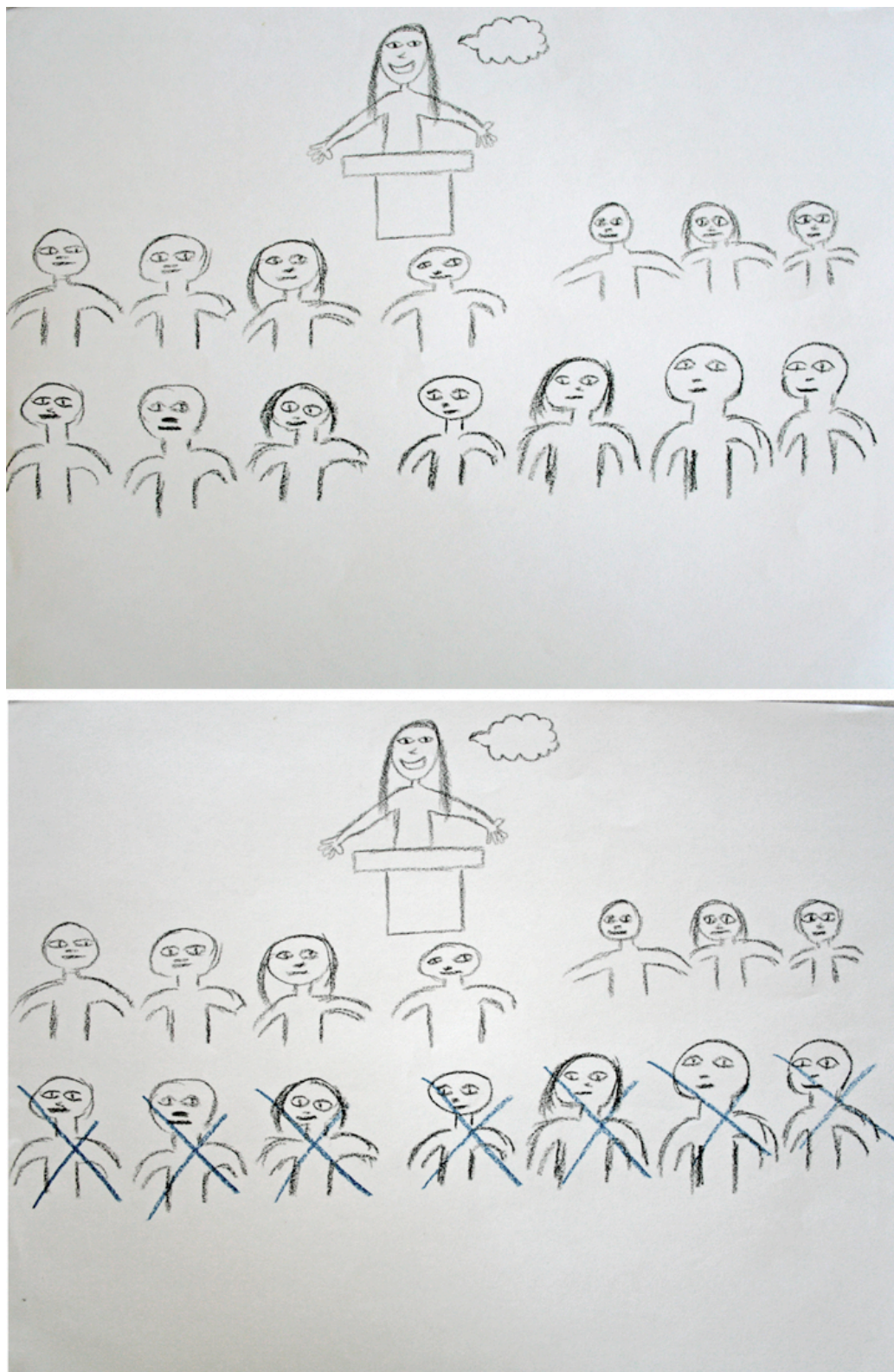


Figure 4: Ashley's Original and Modified Drawing

Participant 5: Leslie

Leslie was a 26-year-old Caucasian female graduate student majoring in public health (Table 5). She reported a social fear of finding herself in an emergency situation and not being able to produce a scream that would alert others to come to her aid. For the first drawing task, Leslie chose color pencils to depict her social fear on the small paper. She drew herself inside of what she identified as fire surrounded by smoke. She has a frightened expression and a gaping mouth with a speech bubble coming from it with an “x” inside, signifying that no scream is coming out even though she needs help. She did not look up much from her drawing and seemed fairly relaxed as she drew and made small talk with the researcher between the activities.

Leslie answered the items on the written questionnaire with great detail and thoroughly described her fear that no matter what, she might not be helped during an emergency situation like being trapped in a fire, mugged or attacked. She claimed that the most distressing part of this fear was the idea that others that would be present and potentially be able to help her in an emergency but would not come to her aid because she could not attract their attention. She said that knowing that someone nearby was not aware she was in distress was more frightening to think about than if she knew was alone when in trouble. At this point, she rated her fear/anxiety as a two out of ten on the fear scale.

Upon hearing the instructions to modify her feared social situation in a way that would make it less anxiety provoking for her, Leslie chose to draw blue arrows leading to a small circle with the words “help” inside of it (Figure 5). She said this represented a “magical” button that when pressed would emit an artificial scream in case she did indeed

lose the ability to scream herself. She claimed that even though it was the only thing she could think of that would make her feel less afraid, the idea still did not give her much comfort. Leslie said this was because she assumed people who heard the artificial scream would know it was fake and would ignore the alert. A comment like this appeared earlier in the written questionnaire when she wrote about her thoughts and feelings during the first drawing. She claimed to have been thinking about ways she could feel less afraid of this situation occurring but nothing she came up with seemed to comfort her.

Unlike many of the other participants, Leslie claimed to have never experienced a situation like her fears. She guessed that the fear stemmed from hearing stories about people ignoring others in emergencies because they did not want to get involved or injured themselves. During the second drawing, Leslie recalled a recent experience during which she was frightened by a mouse in her apartment and successfully produced a scream alarming enough that someone in the apartment came to her aid. She said remembering the event made her feel somewhat better because, even though it was not an emergency, she realized that she could spontaneously emit a noise that got the attention of someone who then came to her aid.

When asked about any other thoughts or feelings she may have experienced during or after the second drawing, the participant said she felt some comfort and also appreciative that she had never been involved in an emergency situation. She also made an interesting comment about how she realized how typical it was for her to expect the worst-case scenario. This also led her to realize how cynical she had been about finding fault with the magic button even though it was supposed to be something that made her feel more at ease. When asked to think of something else that would give her some

comfort other than the button, she said maybe mace, but says she has never carried it before because she thinks it might be used against her if she ever got into an emergency situation. Towards the end of the interview, Leslie mentioned that talking about her fears and her doubts about safeguards like mace and the magic button made her realize how unlikely the fear would actually occur.

Leslie claimed to not be affected by the presence of the researcher and rationalized that the researcher was a trained professional who was used to working with people with who were not skilled in art making. She admitted being a bit distracted by the researcher watching her draw because she felt like she was being analyzed, but claimed her drawing would not have turned out differently if she was not being watched.

Table 5: Leslie's Responses

Chosen Feared Social Situation	Initial Anxiety Rating	Final Anxiety Rating	Behaviors	Choice of Modification	Thoughts/Feelings during and after Modification	Reported Realizations/ Insights about Fear	Effects of Researcher's Presence
Caught in an emergency situation (a fire) and not being able to scream for help.	2 Felt most anxiety during the drawing parts.	2 Felt least anxious during the interview.	No anxious behaviors.	Used original image Drew a "help" button that would emit a scream that would alert someone that she needed help.	Recalled recent event where she discovered she was able to scream and alert the attention of another.	Felt lucky to have never been in that situation before. Realized she often expects the worst case scenario. How unlikely her fear was to happen.	Initially disturbed because it seems like her behaviors were being judged/analyzed but said the drawing would not have been different if she was not being watched.

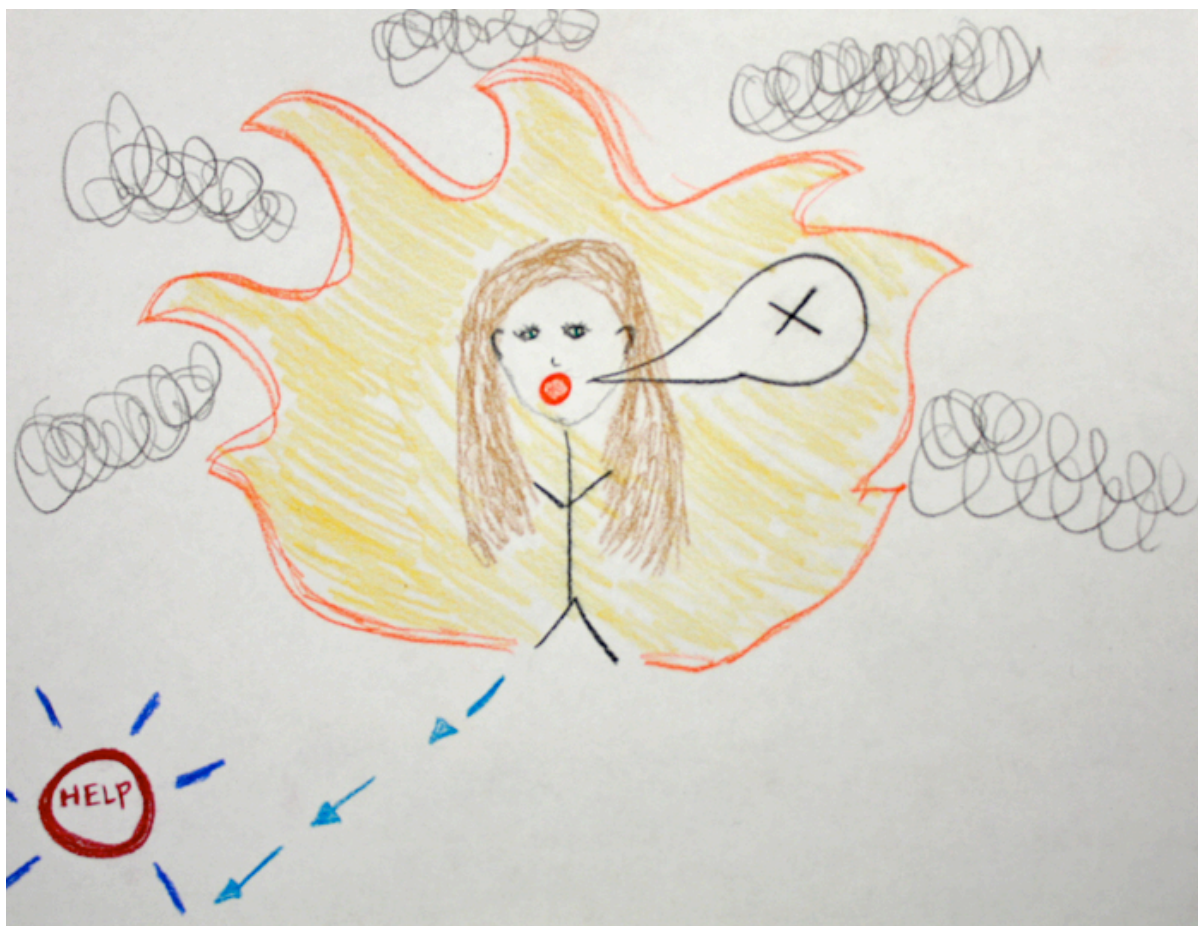


Figure 5: Leslie's Original and Modified Drawing

Participant 6: Brian

Brian was a 23-year-old Caucasian graduate student who reported having fears of public speaking, specifically in front of a large-scale audience that is comprised of unfamiliar people (Table 6). For the first drawing, Brian chose a large piece of paper and colored pencils to depict himself giving a speech to a large crowd with a three large spotlights shining on him from the corners and center of the page. The audience members were represented by floating heads with two dots for eyes. In the drawing, he drew himself standing at a podium with his back to the viewer standing on a large stage. He also drew a speech bubble with squiggly lines inside to represent speaking.

Brian appeared to be slightly anxious during the drawing. He sighed heavily on several occasions and often narrated his actions out loud. He often looked up at the researcher and made jokes about his artwork and the materials. This slight anxiety seemed to continue during the written questionnaire as he asked several questions about how to approach the questions, often using humor and joking. In the questionnaire, Brian said that he did start to feel anxious while he was drawing his social fear and began to sweat a little. He also reported that the most anxiety producing parts of his drawing were the spotlights and the faces of the audience. At this point, he rated his anxiety as a three out of ten.

Once prompted to begin the modification part of the meeting, Brian chose to use scissors to cut off both edges of the paper containing the two spotlights in the corners and a large portion of the people in the audience (Figure 6). The remaining part of the image contained himself and a few audience members who he embellished with pink and green colored pencils by adding smiles, hats and some clothes. He said he turned the unknown

audience into people he was familiar with and who had positive vibes and would not judge him. Brian claimed this would make him feel better because he would expect people he knows to offer constructive criticism rather than people he doesn't know who he would expect to be more harsh with their criticisms.

When asked about any thoughts or feelings that he experienced after the manipulation of his image, Brian said he felt very calmed by cutting people out. Getting rid of the judging people in the audience would make him feel comfortable in the real life situation. He also mentioned that taking out most of the spotlights felt better because he doesn't like to be the center of attention. During this discussion, he admitted that his anxiety had reduced significantly since he had cut the image and changed it in a more positive way. He said that this occurred during the interview as well because he had the opportunity to talk about ways to make the real life feared social situation more comfortable, which affected his more relaxed mood.

Brian preferred the interview to the written questionnaire but mentioned being curious about what I was thinking about him and how he compared to the other participants that I had met with. Ultimately, Brian said that he was not significantly affected by the researcher watching him draw and that he was only somewhat curious about what the researcher was writing down.

Table 6: Brian's Responses

Chosen Feared Social Situation	Initial Anxiety Rating	Final Anxiety Rating	Behaviors	Choice of Modification	Thoughts/Feelings during and after Modification	Reported Realizations/ Insights about Fear	Effects of Researcher's Presence
Public Speaking (To a large scale audience whom he doesn't know).	3 On the ride to the meeting.	0 Cutting out the audience members.	Fidgeted with art materials. Talked about actions out loud. Looked up at researcher occasionally.	Used original image. Used scissors to cut out a portion of the audience on either side of him. Added familiar people in colored pencil (they are paying attention and are positive).	Felt calming to cut out some audience members. Seeing less judging peoples makes him feel more comfortable.	Realized it is helpful for him to think about the people he knows when giving a speech. Talking about it aloud and talking about ways to make the situation better made him feel less anxious.	Was not significantly affected. Curious about what the researcher was thinking.



Figure 6: Brian's Original and Modified Drawing

Participant 7: Eric

Eric was a 24-year-old Caucasian male graduate student attending Drexel's law school who also reported having a fear of public speaking (Table 7). He chose to depict his feared social situation by drawing himself with a strained looking expression at a podium with his hands upraised as if in frustration or confusion (Figure 7). He also drew exclamation points and a question mark around his head. He also drew squiggly lines on the opposite side of the podium. He seemed to be very comfortable with the art materials and as he drew the figure, he attempted a technical rendering of the head as if he had training in drawing. He later admitted he had formal art training in his undergraduate career.

Eric seemed very comfortable as he was drawing and seemed to be extremely comfortable with talking with the researcher. Interestingly, he was the only participant who initiated conversation with the researcher during his drawing while the others tended to remain quiet until they were finished. In his written questionnaire, he rated his anxiety as very low at a two out of ten and claimed to not feel anxious during the drawing but did indicate that his mood shifted negatively as he was drawing the hands on his figure.

When instructed to modify his drawing in a way that make it appear less fear or anxiety provoking, Eric chose to recreate a separate image on another piece of small paper. He, again, attempted a technical rendering of a figure standing behind a similar podium. In the modified drawing, Eric drew his figure with one hand down at his sides while the other is lifted over the podium in a relaxed manner (Figure 7). He gave himself a more calm and collected expression as well. He added a sun in the upper left corner and

some green grass at the bottom of the page, which he associated to being outside, which made him feel more relaxed.

Eric said this drawing was less fear producing because his hands were drawn in a more confident position because it appeared they had purpose and direction. In the interview, he stated that what his hands do during a presentation or speech cause him to either feel confident or nervous. Specifically, he believes that if his hands are shaking, this is what causes him to feel anxious while he remains confident if he can control his hands and use them in purposeful movements. Eric noted that this was a concept that is stressed by his professors in law school as strong, confident body language is important in winning cases or proving points. He said that engaging in the drawings led him to realize just how much his hands play a role in whether he becomes nervous or not while public speaking.

Eric claimed that his low anxiety reduced to zero anxiety during the modification of his feared social situation because he was depicting himself in a more positive light than in the original image. He also noted that he felt more awkward than anxious during the first drawing because he was depicting himself in a negative light in front of the researcher, which made him feel self conscious. This also came up when asked if the researcher's presence affected him at any point when he said he felt more awkward depicting himself negatively in the first image. He said he also wondered whether the researcher was judging his art skills since he had a background in art, but said he eventually stopped caring.

Table 7: Eric's Responses

Chosen Feared Social Situation	Initial Anxiety Rating	Final Anxiety Rating	Behaviors	Choice of Modification	Thoughts/Feelings during and after Modification	Reported Realizations/ Insights about Fear	Effects of Researcher's Presence
Public Speaking	2 All drawing parts were the most anxiety producing.	0 Last anxiety producing was the interview.	No anxious behaviors.	Created a new image. Changed his hands to appear more confident (have a direction). Drew himself outside.	Thought about how many people are watching- "All eyes on me".	Thought about his hands and how much they play a role in how much anxiety he feels (shaking = not confident).	Felt awkward about the researcher watching him draw himself in a negative light (the 1st drawing). Felt worried about the researcher assessing his art skills because he has a history of formal art training.

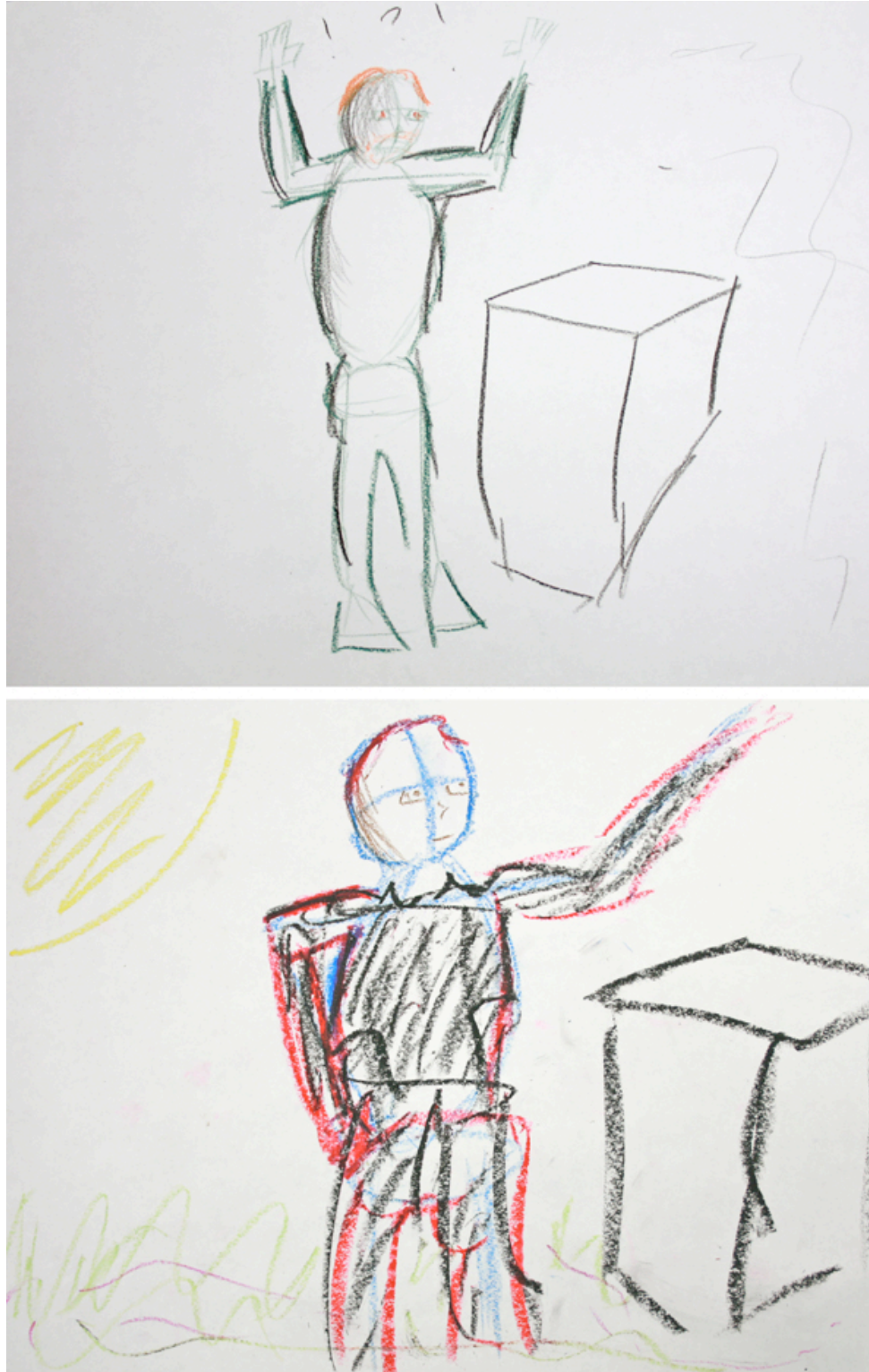


Figure 7: Eric's Original and Modified Drawing

Common and Uncommon Responses

The participants were asked several questions about their experience of making drawings about their feared social situations and of the duration of meeting with the researcher. The responses from the participants were compared and analyzed for commonalities and also uncommon responses. The following are these common and uncommon responses to major questions asked during the interview.

Chosen Social Situation

Although some of the participants had several social fears to choose from, six out of the seven participants chose public speaking as their primary social fear. Several of the participants noted that the basis of their fear for public speaking was for large audiences. Only one participant chose to depict the dissimilar situation of not being able to scream and attract the attention of others for assistance during an emergency situation.

Method of Modifying the Depicted Feared Situation

The participants chose unique ways to satisfy the instructions to “modify their first drawing in a way that would make them feel less fearful or anxious of the social situation”. Most participants used the original image created in the first art making task and manipulated the image with the same or other art materials. Only two of the seven chose to recreate another image on a separate piece of paper. Participant 3, Adam, did this by depicting himself in a one to one discussion rather than giving a speech to an entire audience. Participant 7, Eric, drew himself in an outside environment and with his hands portrayed as expressing more certainty in their directionality, which he said represented more confidence.

Four of the remaining participants used methods of either removing parts of the picture or by adding other images. Participants who chose to remove parts of the image did this by either erasing certain elements of the picture, by cutting them or crossing them out, and also by covering them up, for example, with a blindfold. Removal was the most common method of modification as four of the participants chose to cut, cover, erase or cross out certain parts several times in each drawing. The size of the audience and the ability of the audience to watch the speech giver were the most commonly manipulated item in the depictions.

Three participants used art materials to add something to the original image, whether it was by adding familiar faces to their audience or by drawing a magical button that would assist the participant in an emergency situation.

Only one participant chose to write out the modifications he would have made to the image. He claimed to not know how to draw the changes so he listed them above himself and the audience inside of speech bubbles. Interestingly, speech bubbles appeared in six out of the seven participant's drawings of their feared social situations.

During the interview, the participants were asked how or why their modifications made the social situation less fear or anxiety producing. Of the participants who cut out, covered up or erased sections in their drawings, many chose to remove parts of the drawing that caused them to feel watched or judged by an audience. Some chose to reduce the amount of people watching them during a speech by cutting them out of the image or covering their eyes with a blindfold so that the participant would no longer feel watched. Another participant chose to eliminate the audience altogether in his second

image by recreating a new drawing depicting him interacting with only one person at a time.

Oppositely, one participant felt better about being able to see the responses of the audience in order to assess how their speech was going by having the audience members make eye contact with the speech giver.

Two participants mentioned that they were less fearful about the image because they had more control in the modified image.

Reported Feelings after Modification

Most of the participants reported recalling a past situation involving their social fear as they were modifying the original image of their feared social situation. The content of these experiences ranged from times they were fearful during a similar situation, felt that they had performed well or overcome fear during the social situation, or had an experience with their feared social situation that challenged their beliefs about the social fear. For example, several participants recalled recent events during which their social fears seemed to further deepen their fears about public speaking while other participants like participant 5, Leslie, recalled a recent event that she claimed helped her realize that her fears were unfounded. The reports of past fearful experiences from a number of the participants parallel the idea that past memories of encounters with the feared social situation may help maintain social fears (Wild, Hackman, & Clark, 2008). These participants appeared distressed and claimed that recalling these experiences was anxiety producing. This may support the concept that fear images conjured from memories of past experiences with the feared social situation provide the individual with

evidence to continue fearing the social situation because it is associated with the negative thoughts and feelings (Wild, Hackman, & Clark, 2008).

Hackman, Clark, and McManus (2000) further contributed that in order to resolve the negative association, the individual must challenge the negative and distorted cognitions associated with the images of past encounters. In this study, the participants were asked to complete a task that resembled cognitive restructuring, a technique used to confront these distortions. By manipulating their original image in a more positive way (making it less fear/anxiety producing), Hunt et al. (2006) posits that the image becomes disempowered as the individual has the opportunity to take control by envisioning a positive outcome. This may lead an individual to create a new way to perceive the situation (Hunt et al., 2006). In this study, all seven participants reported realizing something new or having an insight about their own social fear during the interview after the modification task. Many of the realizations pertained to noticing something that challenged their fear, such as insights like “it’s all in my head” or “my fears are unlikely”. Many noticed aspects that play a role in their fear that they had not realized before, such as that the responses and facial expressions of the audience during public speaking provide anxiety. Leslie noticed how her expectations for the worst-case scenario might play a role in the maintenance of her fear.

Two participants claimed to experience positive feelings during the modification of the image, crediting these feelings to the physical act of changing the drawing. For example, participant 4 said that she experienced empowerment as she crossed off a row of audience members and participant 6 claimed to feel relief as he used scissors to cut out a majority of the audience members he had drawn in his original image. De Petrillo and

Winner (2005) suggested that creating artwork can elicit a positive mood, even when the content of the artwork expresses thoughts and feelings about negative subject matter. Similarly, the participants reported feeling less anxious and appeared to experience a brighter affect when asked to describe their experience during the modification of the original fear image.

Two of the participants mentioned on several occasions that they worried about being helpful to the researcher during the interview. Participant 2, Kiran, was especially concerned that his contribution to the study was not sufficient and that he was very anxious about satisfying what the researcher was looking for. Two different participants mentioned worrying about whether their drawing skills would be judged by the researcher. Participant 3, Adam, said that he wished he could have produced a better drawing example for the researcher while participant 7, Eric, who had an art background, worried about producing a technically “good” drawing.

The Interview vs. the Written Questionnaire

Six out of seven participants said they felt comfortable and experienced little anxiety during the interview. Most commented that the interview was more preferable because they had more freedom to take the conversation in different directions. Two noted that they were curious about the researcher’s analysis of them during the interview. The only participant who preferred the questionnaire to the interview said she was comfortable with the interview but found answering questions in a written format to be easier.

Anxiety Experience During the Meeting

In general, the participants reported low levels of anxiety except for one who reported the highest rating of an 8 out of 10 as his initial anxiety rating. Five out of the seven participants reported being less anxious during the interview than they reported feeling in the written questionnaire after the first drawing. Two of these participants mentioned that they were also more anxious during the first drawing than in the second. One identified that the interview itself was the reason his anxiety was reduced and another attributed his low anxiety to the researcher's friendliness. Two of those five participants experienced a significant reduction in anxiety while the remaining two participants who did not experience a reduction maintained low anxiety levels across the meeting. The participant who experienced the greatest reduction in anxiety reported that he felt better about his issues with having a social fear in general.

Four participants out of the seven participants reported that the parts of the study when they were asked to draw were most anxiety producing points of the entire meeting. Although most participants agreed that they experienced more anxiety during the first drawing than in the second drawing, one participant experienced significant anxiety during the first drawing task while the rest reported low anxiety levels. Two participants reported feeling most anxious anticipating the meeting on the way to the location and one felt most anxious about finding the room in which the study was being held.

The interview was most commonly found to be the least anxiety producing part of the meeting for the participants. One participant mentioned that he felt most comfortable as he was modifying his image and that his low anxiety was maintained for the remainder of the meeting.

Effects of the Researcher's Presence

During the meeting, the researcher was present and actively watching and taking notes on the participants' behaviors and completion of the drawing tasks. The participants were asked about whether the researcher's presence affected or disturbed their ability to complete the tasks in a final question during the interview. Most of the participants reported being either a little disturbed initially because they felt as if they were being judged, analyzed, or assessed. One participant even claimed that he worried the researcher was assessing his drawing skills. While a majority of the participants claimed they were only mildly distracted, most reported feeling this way only in the first drawing and that they had gotten used to it by the second drawing. One participant said she was not affected at all by the researcher watching her draw while another said she was distracted but that her drawing would not have turned out differently if she had not been watched.

Major Themes

There were four major themes found within the responses of the participants in the interview, general discussion of their social fears, and their experience during the study. All seven participants mentioned the following at least once.

1. Being Watched

The seven participants all mentioned aspects of being watched during their meeting with the researcher. In describing their fears of public speaking, some participants stated that when an audience is staring at them during a speech, they become fearful and would feel more comfortable without people watching. As evidenced by the removal of all or parts of a large audience in the drawings, many of the participants felt

that a smaller amount of people watching them would be better. Being stared at or being watched was often perceived as judgmental or criticizing responses from the audience. After removing a row of audience members from her drawing, participant 4, Ashley, claimed that it was alleviating to imagine not having extra people watching her. Participant 3, Adam, stated that turning his drawing into many people having one to one conversation rather was preferred to giving a speech to a large audience for similar reasons.

One participant felt oppositely, saying that if the audience was making eye contact with him and actively paying attention to him that it would make him feel more confident about his performance. However, the same participant also admitted that when an audience stares at him he also becomes nervous about what they are thinking about him.

When asked about how the researcher's presence during the meeting, most identified that being watched produced similar perceptions of being judged or assessed negatively. A participant noted that he initially wished the researcher was not watching but said that he eventually became more comfortable with it once he got used to it. He also mentioned that he would have been more nervous if there had been more people in the room watching but that one person was tolerable once he felt comfortable with them. In general, the theme of being watched was discussed as being negative and conjuring self-consciousness.

Even the single participant who did not choose to depict the social situation of public speaking mentioned being seen or attracting attention from others. Instead of

fearing being watched, participant 5, Leslie, feared not being seen or drawing attention to herself during an emergency situation.

2. Being Judged, Analyzed, Assessed or Criticized

The topic of being judged, analyzed, assessed or criticized also appeared throughout the discussions with the participants about the nature of their social fears. Many said that public speaking produced so much anxiety because they feared the audience might be judging them, misunderstanding or criticizing them. Nearly all of the participants claimed to be anxious about what an audience might be thinking about them during a presentation or speech and worried that they were being negatively judged, not being accepted or that people getting the wrong impression of them. One participant said that he believes that speaking to unfamiliar people is more anxiety producing than speaking to familiar people because strangers are more likely to judge you and offer harsh criticisms. Knowing unfamiliar people are in an audience produced a fair amount of anxiety for Brian. This fear of being criticized may contribute to the tendency for individuals with social fears to avoid treatment because they worry they will be judged or humiliated (Andersson et al., 2006). Although the participants were not experiencing fears debilitating enough to be diagnosed with social phobia, it could be hypothesized that similar feelings would have been reported by individuals with diagnosed social phobia. Kiran, participant 2, stated he would most likely not seek treatment for his struggles with his social fears because his family would not approve and would be humiliated.

In discussing their drawings, the theme of being judged also arose on several occasions. One participant claimed that the faces of the audience members she drew

appeared judging and that removing some of them from her image made her feel less fearful of the situation. Audience response was also discussed by several participants as being an indicator of how they are being perceived. For example, Ashley commented that even when it seems an audience is smiling and appears to be receiving her positively, she still has doubts about whether they are judging her or not. Two participants reported that they judge people's responses in order to know how they are being perceived.

Participants felt as if they were being judged, analyzed or assessed as they drew because the researcher watched them and took notes. Many looked up from their drawing several times as if to see if the researcher was still watching. Many reported feeling as if the researcher was judging their drawings, behaviors and facial expressions and stated that this initially made them feel anxious, curious and distracted from completing the task. One participant even reported worrying that the researcher was judging his fears. Although a majority of the participants said this anxiety or curiosity was mild, one participant reported feeling very scared about what the researcher was thinking about him. He stated that he was afraid that the researcher was misunderstanding his drawing. The rest wondered if the researcher was making an analysis of them and if so, what it was.

Some participants also seemed to judge their own performance during the meeting, saying later in the interview that they found themselves judging their own artwork and criticizing themselves in general.

3. Facial Expressions and Audience Response

The participants also seemed to discuss the facial expressions and physical responses of an audience during a presentation or speech. According to a majority of the

participants who reported social fears of public speaking, reading people's facial expressions and responses are both anxiety producing but useful for feeling confident or for knowing that they are performing adequately. Some of the participants relayed that they would feel less fearful if it seemed like the audience was paying attention and seemed to be responding positively with their facial expressions and body language. Some said they would still be anxious about how they were being perceived while others said seeing a positive response would make them feel more relaxed. One participant said that limiting the size of an audience to a one to one conversation would make it easier to be able to read the responses of the person, and that would make him feel more confident. Two participants mentioned that being able to see that audience members are interested would make them feel more at ease.

During the interview, some of the participants informed the researcher that they were reading her responses as well to see how they were being perceived. Those who mentioned this also said they preferred the interview to the written questionnaire for this very reason. Coincidentally, most of the seven participants reported that the interview was the least anxiety provoking point of the meeting.

4. Past Experiences

Nearly every participant mentioned recalling a past event at some point during the meeting. Many claimed that while drawing their modified image, they remembered past experiences of their feared social situation. The nature of these past events often times where the situation was negative or perceived negatively, however, other recalled past experiences were those of times the participant's fears were challenged or disproved.

Thinking about past events when last feared social situations occurred, helped him realize that he only gets nervous before it happens.

CHAPTER 5: DISCUSSION

Overview

The purpose of this study was to investigate the experiences of individuals with fears of specific social situations who drew and then manipulated a visual depiction of their feared social situations. The present study aimed to gather information about how individuals with fears of specific social situations would experience drawing images of their social fears as a potential alternative to exposure therapies.

The previous chapter analyzed data gathered from the meetings with the seven participants in terms of the participants responses to an interview, written questionnaire, and artwork as well as their observable reactions and behaviors during the meeting with the researcher. This chapter will discuss the major findings and will compare them to information presented in the relevant literature surrounding the topic of the treatment of social fears.

Major Findings

Three major findings were derived from the themes and responses of the participants. One was that many of the participants experienced a reduction in anxiety during the experience. A second was that many of the participants who reported a reduction in anxiety claimed that the reduction was a result of completing the modification drawing or discussing the experience during the interview. A final finding was that every participant discovered a new insight that was positive or challenged a distorted belief about their social fear.

First, a majority of the participants reported a reduction in anxiety over the course of the study. Those who did not experience less anxiety reported experiencing the same

low level of anxiety across the study, or did not experience more anxiety than initially reported.

Five out of the seven participants reported experiencing less anxiety or distress than they experienced in the beginning of the meeting with the researcher during the interview at the end of the meeting. One participant in particular, Kiran, claimed that the entire experience made him feel much better about his social fears. He also rated his anxiety as the highest out of all other participants during the initial parts of the study and experienced the most drastic reduction in anxiety as reported at the end of the interview.

Of the remaining participants, three participants accredited the reduction in anxiety to the act of modifying the image of their feared social situation and two participants accredited their reduction to the interview with the researcher, which was perceived, by most, as a low-pressure and comfortable experience. Two participants reported feeling the same amount of low anxiety throughout the course of the meeting but all participants seemed to gain a realization about the nature of their social fears. Several participants said that these realizations made them feel less anxious.

A reduction in anxiety may also have been influenced by the act of having physical control over the drawing may eventually lead individuals to gain feelings of empowerment over the feared social stimulus. Engaging with the feared situation visually and physically may give individuals a sense of power and mastery over the feared subject by allowing them the opportunity to envision a more positive view of their feared social situations through their manipulation with art materials.

The act of drawing may have also reduced anxiety by depicting subject matter that expressed the participants' thoughts or feelings about their social fears. Research

done by De Petrillo and Winner (2005) suggests that drawings that express a negative emotion may create a more positive mood in the drawer. Engaging in coloring and drawing has also been found to alleviate anxiety (Curry & Kasser, 2005), so the reduction in anxiety could also be attributed, in part, to the fact that participants both used drawing and coloring to express a subject that produced anxiety or fear for them. In studies done with individuals with trauma histories, making art about the trauma incidents were found to offer therapeutic exposure to the individuals, which was posited to occur because the drawn fear stimuli begins to lose its negative association over time (Henderson, Rosen, & Mascaro, 2007). It could be hypothesized that a similar effect could take place with individuals with social fears as a way to actively expose themselves to their feared social situations through a nonthreatening activity.

The second finding pertains to the fact that five out of the seven participants, five reported that the decrease in their anxiety from the beginning of the study was due to the modification of their original drawing or to discussing their experience during the interview. Two of these participants also mentioned experiencing a reduction in their anxiety when explaining their first drawing as well. However, a majority of the participants reported that the original drawing was the most anxiety producing part of the study and that second was less anxiety producing.

This commonality between a majority of the participants' experience might correlate with the literature on individuals with social fears, which suggests that individuals experience heightened fear when confronted with the feared stimulus (Feske & Chambless, 1995). When participants drew their feared social situation, many noted a rise in anxiety. This fear induction may have consisted of an appropriate amount of

involvement to properly engage the fear response necessary for successful exposure to the stimulus (Kamphius & Telch, 2000; Telch et al., 2004).

The modification of the image of their feared social situations may have reduced anxiety for similar reasons as cognitive restructuring does, which is based on reducing fear by giving individuals the ability to have mental control over their fear stimulus by altering the image in a positive light (Hunt et al., 2006). In past research, this method has only been used with mental or imaginary imagery but, to this researcher's knowledge, there has been little to no research done on using this technique with drawing fear imagery and manipulating these images with drawing materials. In the present study, this concept was tested in the art making activity that asked participants to modify the drawings of their feared social situations in more positive ways. Not only did a majority of the participants state that this part of the study was the one of the least anxiety producing but several even mentioned that they realized things about their fears that either challenged the fear or made them feel empowered and in control over their fear.

CBT strategies have been thought to offer a structured safety to creating artwork, which is often ambiguous, when paired with art therapy techniques (Lyshak-Stezer et al., 2007; Pifalo, 2006). Cognitive restructuring, a technique derived from CBT, paired with modifying fear images with art making rather than mental imagery may have provided additional benefits that traditional cognitive restructuring alone. When using cognitive restructuring methods, producing a physical image to positively modify could potentially be more useful than simply imagining the modification because the artwork is a concrete and graphic depiction individuals can engage with. Also, some research about the presence of fear images in individuals with social fears suggests that some individuals do

not have the ability to conjure mental images of feared stimuli, so using art materials might be an alternative for individuals with this issue (Hunt et al., 2006).

Lastly, although not all of the participants reported a reduction in anxiety, all seven participants reported discovering a new insight that was positive or that challenged a distorted belief about the perception of their social fears. These insights or new perceptions were discussed in the interview as most often taking place during the modification of their original image. As they drew, many participants admitted that they realized new aspects of their fear that they hadn't realized before or they saw that their fear was distorted or unfounded. This is another goal of cognitive restructuring, which aims to help individuals change their irrational perceptions about the feared stimulus (Feske & Chambless, 1995).

Because the purpose of the art making activities were for a study and not therapeutic purposes, the researcher did not delve too deeply into the realizations or new insights with the individuals about their social fears. However, it is important to note that altered perceptions about their fears did occur as a result of the drawings in every participant as possible evidence that art making may be an effective method of treating individuals with social fears. In available cognitive behavioral treatments today, the goal is to challenge distorted or irrational beliefs about the feared stimulus by reimagining past traumatic memories or visual images of the stimulus in positive ways (Wild, Hackman, & Clark, 2008). Considering that all seven participants made rational realizations about the nature of their social fears, the process of creating artwork instead of using the imagination to modify fear images may be an area of interest to be further studied in

order to provide alternative treatments for individuals who have not found effective methods to treat their social fears.

Application of Findings

The major findings of the study were meant to provide information for educational and clinical applications for art therapy treatment. Firstly, the findings of the study surrounding the tolerability of the activities and level of interaction with the researcher could be applied to current art therapy practices with individuals with social fears. The meetings with the participants were meant to somewhat resemble the nature of an art therapy session. The dyadic interactions of the participant and researcher during the interview paralleled the client and therapist relationship in that the researcher provided the participant with art materials and the opportunity to engage with the materials freely. This was done to address the question of how the role of the therapist, or presence of an observer, might influence an individual with social fears during therapy. The behaviors of the participants as well as their reported anxiety levels were meant to gather information about how tolerable both drawing and interacting with the researcher would be for the participants.

These reports and responses about this experience may help offer insight into this art making activity as an art therapeutic intervention or method of evaluating or assessing socially fearful clients. Although the participants were not diagnosed with social phobia, the responses of the individuals who participated seemed to provide evidence that the experience was tolerable and helpful in that they had the opportunity to externalize the thoughts and feelings they had about their social fears, which is often associated with better mental health (Henderson, Rosen, & Mascaro, 2007).

A second application relates to the use of the art making activities as an exposure technique, as it seems to have activated the fear response necessary for effective fear extinction. Because the participants reported experiencing anxiety during the first drawing of their feared social situation, this may suggest that this method could be used as an exposure tool that is both actively engaging and effective in activating the fear response necessary to achieve proper fear extinction (Price et al., 2011). The problem with many available treatments for social fears stated earlier in this thesis are based around individuals who are not able to maintain focus during exposure, therefore, they cannot properly activate the fear response which in turn allows the individual to eventually become desensitized to the feared stimulus (Kamphius & Telch, 2000). The act of drawing may provide the key elements of effective exposure by keeping the individual engaged and attentive to the image of and the fearful thoughts surrounding the feared situation (Henderson, Rosen, & Mascaro, 2007). Art making is also thought to be a nonthreatening and often pleasurable activity (De Petrillo & Winner, 2005; Henderson, Rosen, & Mascaro, 2007; Levy, 1995) that may assist socially fearful individuals in seeking and returning to treatment. Further research of the use of art making about feared social situations may provide evidence that using drawing as a method of nonthreatening exposure could be an effective treatment for individuals with social fears.

A third application relates to the exploration of the major themes that were derived from participants' discussions of their social fears. The major themes may also contribute to the practice of both art therapists and other clinicians who work with socially fearful individuals. The theme of being judged and criticized appeared to be an irrational belief or cognition commonly held by the participants. These distorted

cognitions often maintain individuals fears and need to be adjusted or challenged in order for the individual to successfully achieve fear reduction (Feske & Chambless, 1995). This is often done through a method associated with using the manipulation of fear imagery called cognitive restructuring (Berman, Miller, & Massman, 1985). The task of modifying the feared social situation in a way that would make the participants feel less fearful was an attempt to use cognitive restructuring with art making. Interestingly, every single participant experienced a new insight about their social fear which either helped them understand more about their fear or challenged a distorted belief about their fear. This finding may provide evidence that creating art may not only act as an engaging exposure tool that successfully elicits fear activation but also is a method of allowing individuals to confront distorted beliefs about their fears in a concrete and graphic way.

Limitations of the Study

The first limitation of this study was the small sample size of seven participants. With such a small sample size, differences in gender, ethnicity, and age were not able to be studied as being factors in how the individuals experienced the activities that took place during the study.

A second limitation was that the experiences of the participants were gathered by means of one interview immediately following the drawing activities. Ideally, a follow-up interview would have been conducted to see if any other insights had been realized or if anxiety had changed from the first interview.

Another limitation is the lack of quantified data in measuring the participants' experiences. Although anxiety was rated immediately following the first drawing and again at the end of the verbal interview, it may have been useful to have scales to

quantifiably rate other aspects of the participants experience such as distraction by the presence of the researcher. Having anxiety ratings at different points of the meeting with participants would have also provided quantified data on how each participant's anxiety was affected at each point over the course of the meeting.

Implications for Future Research

Future research may take into account the limitations of this study as well as several other areas of interest. First, the researcher suggests that a similar study be done with individuals with a diagnosis of social phobia or anxiety. This would provide more in depth information about how individuals with debilitating social fears would experience making art of their social fears. Although the participants who were recruited to the study had a range of intensity of fear, only one may have met the criteria of social phobia or anxiety if evaluated. Because of this, the findings cannot fully be generalized to individuals with more debilitating and life-affecting social fears. Future research could explore similar art making activities in a study with individuals with more life-affecting fears.

The researcher also suggests that more research be done with art making as a technique to treat individuals with debilitating social fears. While there has been some research with using mental fear imagery to treat individuals with social phobia (Wild, Hackmann, & Clark, 2008) and research using drawing to positively modify children's images of nightmares (Simard & Nielsen, 2009), the researcher did not find any research using drawing to treat social fears. Anxiety caused by drawing the image of their feared social situation may effectively serve as an alternative method of exposure, as it is commonly believed that an individual must be able to maintain attention during the

exposure in order to properly achieve fear extinction (Price, Tone, & Anderson, 2011). The act of drawing the feared social situation may effectively activate the fear response, which is necessary for exposure therapies to successfully reduce fear (Telch et al., 2004).

Suggestions for future research within the field of art therapy include using a similar modification technique such as the art making activity used in this study to explore the effects on individuals with social fears who engage in a therapy utilizing this method in a short and long-term setting. This may provide valuable information about the use of art making as an alternative to other therapies or treatment methods that have not worked for some individuals with social fears.

The researcher also suggests that the major themes found to be most prevalent in the discussion of social fears by the participants should also be explored in more detail.

Considering that the participants had at least a slightly above average level of social fear, it might be useful to expand on these themes in future studies that aim to explore the nature of social phobia. For the art therapy field, these themes could provide information on how to develop art therapy tasks, assessments, or indicators of diagnosis.

Future research could also explore the content of the artwork produced by socially fearful individuals. The drawings produced by the participants shared several commonalities, such as the presence of speech bubbles. Also, the perspective of the individuals portrayed in the drawings might also be an important aspect to explore further, as how an individual chooses to represent themselves in artwork may provide information about how that particular individual might perceive and operate under their social fears. These commonalities and trends might be studied in the future in order to be able to interpret the artwork of individuals with debilitating social fears. Information gathered

about the content of artwork done by individuals with social fears might be helpful in providing insight to art assessments, indicators of diagnosis, or art therapy knowledge in general.

CHAPTER 6: SUMMARY AND CONCLUSIONS

The purpose of this qualitative case study was to gather information about how individuals with social fears would experience an art making activity that asks one to draw their feared social situation and then modify the drawing in a way that would make them less fearful of the situation. The question asked by this study was: How do individuals with fears of specific social situations experience making art about their feared social situation? The researcher composed a two-part art making activity that first asked participants with social fears to draw their feared social situation and then, in the second part, asked them to modify the drawing in a way that would make the situation less fear or anxiety provoking. These tasks were followed by a short open-ended interview that asked questions about how the participants experienced the drawings and associating with the researcher socially.

Reviewing the relevant literature revealed that some individuals do not benefit from available exposure treatments for social fears based on their tendency to avoid threatening stimuli (Telch et al., 2004) or because they perceive too much embarrassment about their condition to seek treatment (Andersson et. al., 2006). This research aimed to collect information from relevant literature and from conducting a human-based research study to explore participant responses to creating and modifying drawings of their feared situations as a possible alternative method. The participants, in general, found the experience to alleviate some of their anxiety or, at least, did not cause further anxiety. Five out of the seven participants reported a decrease in their anxiety from the beginning of the study during the interview, many accrediting this reduction to the modification drawing. Furthermore, all seven participants reported discovering a new insight that was

positive or challenged a distorted belief about the perception of their fear in the interview after the creation of their modified drawing.

Most of the seven participants found the first drawing of their feared social situation to be the most anxiety-provoking portion of the study. Upon further research, this anxiety caused by drawing the image of their feared social situation may effectively serve as an alternative method of exposure, as it is commonly believed that an individual must be able to maintain attention during the exposure in order to properly achieve fear extinction (Price, Tone, & Anderson, 2011). The act of drawing the feared social situation may effectively activate the fear response, which is necessary for exposure therapies to successfully reduce fear (Telch et al., 2004).

Delimitations of this study were that the participants were not diagnosed with social phobia or anxiety so their fears were not as intense or debilitating as those who have a diagnosis. Therefore, the results of this study were not generalizable to the diagnosed socially phobic population. However, this study was meant to gather information from individuals with self reported social fears that might stimulate interest in the idea of using art making to treat those with more life affecting social fears.

List of References

- Andersson, G., Carlbring, P., Holmstrom, A., Sparthar, E., Furmark, T., Nilsson-Ihrfelt, E., Buhrman, M., & Ekselius, L. (2006). Internet-based self-help with therapist feedback and in vivo group exposure for social phobia: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 4, 677-686.
- Berman, J.S., Miller, R. C., & Massman, P.J. (1985). Cognitive therapy versus systematic desensitization: Is one treatment superior? *Psychological Bulletin*, 3, 451-461.
- Borge, F., Hoffart, A., Sexton, H., Clark, D. M., Markowitz, J. C., & McManus, F. (2008). Residential cognitive therapy versus residential interpersonal therapy for social phobia: A randomized clinical trial. *Journal of Anxiety Disorders*, 6, 991- 1010.
- Christenfeld, N & Creager, B. (1996). Anxiety, alcohol, aphasia, and ums. *Journal of Personality and Social Psychology*, 70, 451-460.
- Cottraux, J. (2005). Recent developments in research and treatment for social phobia (social anxiety disorder). *Current Opinion in Psychiatry*, 1, 51-54.
- Creswell, John. W. (1998). *Qualitative Inquiry and Research Design: Choose among five traditions*. Thousand Oaks, CA: Sage Publications, Inc.
- Curry, N. & Kasser, T. (2005). Can coloring mandalas reduce anxiety? *Art Therapy*, 22, 81-85.
- De Jongh, A., van den Oord, H.J.M., & ten Broeke, E. (2002) Efficacy of eye movement desensitization and reprocessing in the treatment of specific phobias: Four single- case studies on dental phobia. *Journal of Clinical Psychology*, 58, 1849-1503.
- De Petrillo, L., & Winner, E. (2005). Does art improve mood? A Test of a Key Assumption Underlying Art Therapy. *Art Therapy*, 4, 205-212.
- Drake, J. E., Coleman, K., & Winner, E. (2011). Short-term mood repair through art: Effects of medium and strategy. *Art Therapy*, 28, 26-30.
- Driessnack, M. (2006). Draw-and-tell conversations with children about fear. *Qualitative Health Research*, 16, 1414-1435.
- Feske, U., & Chambless, D. L. (1995). Cognitive behavioral versus exposure only treatment for social phobia: A meta-analysis. *Behavior Therapy*, 4, 695-720.
- Gross, J., & Hayne, H. (1998). Drawing facilitates children's verbal reports of emotionally laden events. *Journal of Experimental Psychology: Applied*, 4, 163- 179.

- Hackmann, A., Clark, D. M., & McManus, F. (2000). Recurrent images and early memories in social phobia. *Behaviour Research and Therapy*, 38, 601-610
- Henderson, P., Rosen, D., & Mascaro, N. (2007). Empirical study on the healing nature of mandalas. *Psychology of Aesthetics, Creativity, and the Arts*, 1, 148-154.
- Hoffman, H. G., Garcia-Palacios, A., Carlin, A., Furness, T. A. III, & Botella-Arbona, C. (2003) Interfaces that heal: Coupling real and virtual objects to treat spider phobia. *International Journal of Human-Computer Interaction*, 2, 283-300.
- Hunt, M., Bylsma, L., Brock, J., Fenton, M., Goldberg, M., Miller, R., Tran, T., & Urgelles, J. (2006). The role of imagery in the maintenance and treatment of snake fear. *Journal of behavior Therapy and Experimental Psychiatry*, 37, 283- 298.
- Jorstad-Stein, E. C., & Heimberg, R. G. (2009). Social phobia: An update on treatment. *Psychiatric Clinics of North America*, 3, 641-663.
- Kamphius, J.H. & Telch M.J. (2000). Effects of distraction and guided threat reappraisal on fear reduction during exposure-based treatments for specific fears. *Behaviour Research & Therapy*, 12, 1163-81.
- Lang, P.J., & McTeague, L.M. (2009) The anxiety disorder spectrum: Fear imagery, physiological reactivity, and differential diagnosis. *Anxiety, Stress, and Coping*, 22, 5-25.
- Levy, F. J. (1995). *Dance and Other Expressive Art Therapies: When words are not enough*. New York, NY: Routledge.
- Lyshak-Stelzer, F., Singer P., Patricia, St. J., & Chemtob, C. M. (2007) Art therapy with adolescents with Posttraumatic Stress Disorder symptoms: A pilot study. *Art Therapy*, 24, 163-169.
- Marks, I., Boulougouris, J., & Marset, P. (1971). Flooding versus desensitization in the treatment of phobic patients: A crossover study. *British Journal of Psychiatry*, 551, 353-375.
- Pifalo, T. (2006). Art therapy with sexually abused children and adolescents: Extended research study. *Art Therapy*, 23, 181-185.
- Price, M., Mehta, N., Tone, E. B., & Anderson, P.L. (2011). Does engagement with exposure yield better outcomes? Components of presence as a predictor of treatment response for virtual reality exposure therapy for social phobia. *Journal of Anxiety Disorders*, 6, 763-770.
- Price, M., Tone, E.B., & Anderson, P.L. (2011). Vigilant and avoidant attention biases as predictors of response to cognitive behavioral therapy for social phobia. *Depression & Anxiety*, 4, 349-53.

Sanderson, A. & Carpenter, R. (1992). Eye movement desensitization versus image confrontation: A single-session crossover study of 58 phobic subjects. *Journal of Behavior Therapy and Experimental Psychiatry*, 4, 269-275.

Simard, V. & Nielsen, T. (2009). Adaptation of Imagery Rehearsal Therapy for nightmares in children: A brief report. *Psychotherapy Theory, Research, Practice, Training*, 46, 492-497.

Stake, R. A (1995). The art of case study research. Thousand Oaks, CA: Sage Publications Inc. Telch, M.J., Valentiner, D.P., Ilai, D., Young, P.R., Powers, M.B., & Smits, J.A. (2004). Fear activation and distraction during the emotional processing of claustrophobic fear. *Journal of Behavior Therapy & Experimental Psychiatry*, 3, 219-32.

Telch, M.J., Valentiner, D.P., Ilai, D., Young, P.R., Powers, M.B., & Smits, J.A. (2004). Fear activation and distraction during emotional processing of claustrophobic fear. *Journal of Behavior Therapy & Experimental Psychiatry*, 35, 219-32.

Watanabe, N., Furukawa, T.A., Chen, J., Kinoshita, Y., Nakano, Y., Ogawa, S., Funayama, T., Ietsugu, T., & Noda, Y. (2010). Change in quality of life and their predictors in the long-term follow-up after group cognitive behavioral therapy for social anxiety disorder: A prospective cohort study. *BMC Psychiatry*.

Wild, J., Hackmann, A., & Clark, D. M. (2008). Rescripting early memories linked to negative images of social phobia: A pilot study. *Behavior Therapy*, 39, 47-56.

Wittchen, H.U., Fuetsch, M., Sonntag, H., Muller, N., & Liebowitz, M. (2000). Disability and quality of life in pure and comorbid social phobia: Findings from a controlled study. *European Psychiatry*, 1, 46-58.

Appendix A: Recruitment Flyer

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001079
Approval Date: 4/18/12
Expiration Date: 4/17/13



Recruiting Volunteers for a Research Study Research Title

How Do Individuals with Fears of Social Situations Experience Making Art of their Feared Situation?

Research Objectives

The objective of the current study is to explore how individuals with fears of specific social situations experience making images of these situations with various art materials.

Information for Research Participants Eligibility

The study will take approximately 50 minutes for two (2) art making activities, a brief written questionnaire, and an interview. An additional 30 minutes is required to complete informed consent. You do not need any artistic talent to participate. This study is open to individuals of any race, gender, ethnic, or socioeconomic background.

You can participate in the study if:

- You have self-reported fears of a specific social situation (for example, public speaking).
- You are an enrolled student or employee of Drexel University between the ages of 18 and 65
- You are able to read, write, and speak English.

You may not participate in the study if:

- You have been diagnosed or are currently diagnosed with any mental disorder including social phobia and social anxiety.

Remuneration

You will receive \$15.00 in the form of a Visa gift card for completing informed consent procedures, a two-part art making activity, a brief written questionnaire, and an interview.

Location of the research and person to contact for further information

This research is approved by the Institutional Review Board. If you are interested in this study, please contact :

Emily Rosaio
267-712-9199

The study will take place in a private room at the New College Building or the Bellet Building at Drexel University's Center City Campus.

This research is conducted by a researcher who is a member of Drexel University.

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

If you are interested in
participating, please contact:
Emily Rosaio
267-712-9199

Appendix B: Consent Form

Version 1

Subject's Initials: _____
Page 1 of 4

DREXEL UNIVERSITY CONSENT TO TAKE PART IN A RESEARCH STUDY

1. **SUBJECT NAME:** _____2. **TITLE OF RESEARCH:** How Do Individuals with Fears of Social Situations Experience Making Art of their Feared Situation?3. **INVESTIGATOR'S NAME:** Donna Kaiser, PhD, ATR-BC, LPC, LMFT, Principal Investigator; and Emily Rosaio, Co-Investigator4. **RESEARCH ENTITY:** This research study is being done by Drexel University

5. **CONSENTING FOR THE RESEARCH STUDY:** This is a long and an important document. If you sign it, you will be authorizing Drexel University and its researchers to perform research studies on you. You should take your time and carefully read it. You can also take a copy of this consent form to discuss it with your family member, attorney, or anyone else you would like before you sign it. Do not sign it unless you are comfortable with participating in this study.

6. **PURPOSE OF RESEARCH:** You are being asked to participate in this research study. The purpose of this study is to understand how people with social fears experience making art about a feared social situation.

You have been asked to participate in this study as one of up to 10 individuals because:

- You have self-reported social fears of a specific social situation
- You are between the ages of 18 and 65
- You are enrolled at Drexel University as an undergraduate or graduate student or you are employed as staff or faculty by Drexel University
- You do not have a current diagnosis of a mental disorder including social phobia and social anxiety

This study is being conducted as partial fulfillment for the completion of a master's degree in Creative Arts in Therapy.

7. **PROCEDURES AND DURATION:** You understand that all of the following things will be done:

- There is one meeting for this study, which will last for approximately 80 minutes. You will meet in-person with the co-investigator in a classroom at Drexel University's Hahnemann campus.

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001079
Approval Date: 4/18/12
Expiration Date: 4/17/13



- During this meeting you will review the informed consent, complete a two-part art making activity, and complete a brief written questionnaire and interview about how you experienced the art making activities.
- You will first be asked to create an image or 3D representation of a social situation you have intense fears about with the provided art materials, which consist of pencils, colored pencils, markers, pastels, and model magic. You will be given 15 minutes.
- Next you will be asked to complete a brief, written questionnaire, which will ask questions about how you experienced making a piece of art about a social situation you have fears about. You will be given 5 minutes.
- Following completion of the questionnaire you will be asked to complete the second part of the art making activity. You will be asked use the image or 3D creation you made in the first activity and to manipulate or change it in a way that you think would make the social situation less frightening to you. You may use the same or different art materials to complete this activity. You will be given 15 minutes.
- Finally, the co-investigator will verbally ask you about how you experienced physically manipulating the art piece of your feared social situation in a semi- structured interview with open-ended questions. The interview will last approximately 15 minutes.

8. RISKS AND DISCOMFORTS/CONSTRAINTS: The following risks associated with participating in this study are minimal. You may experience minimal anxiety since you have self-reported social fears and you will be asked to answer questions and to interact with the co-investigator on a one-to-one basis. You may also feel anxiety or embarrassment about making art if you are not familiar with making art on a regular basis. There is no talent or artistic ability needed, and it will not be evaluated in any way. If you find that you are very anxious or uncomfortable at any time, you can withdraw from the study or refuse to participate in any aspect of the study.

In the event that you become anxious, you will be referred to Drexel University's Student Counseling Center at the following locations. On the Center City Campus, the Student Counseling Center is located on the third floor of the Bellet Building and the contact number is (215) 762-7625. On the Main Campus, the Student Counseling Center is located at 201 Creese Student Center Building and the contact number is (215) 895-1415.

9. UNFORESEEN RISKS: Participation in this study may involve unforeseen risks. If unforeseen risks should occur, the Office of Regulatory Research will be notified at (215) 255- 7857, as well as Dr. Donna Kaiser at (215)762-4653.

10. BENEFITS: There may be no direct benefits for participating in this study. However, participants may experience reduced anxiety from engaging in the art activity and the interview. Participants may also experience feelings of enjoyment engaging in the art activity.

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001079
Approval Date: 4/18/12
Expiration Date: 4/17/13



Version 1

Subject's Initials: _____
Page 3 of 4

11. ALTERNATIVE PROCEDURES/TREATMENT: The alternative is not to participate in this study.

12. REASONS FOR REMOVAL FROM STUDY: You may be required to stop your participation before the end of the study for any of the following reasons:

- If all or part of the study is discontinued for any reason by the co-investigator, or university authorities.
- If you are a student, and participation in the study is adversely affecting your academic performance.
- If you fail to adhere to the requirements for participation established by the researcher.

13. VOLUNTARY PARTICIPATION: Participation in this study is voluntary. You may refuse to be in the study or you may stop at any time. There will be no negative consequences if you decide not to participate or to stop.

14. STIPEND/REIMBURSEMENT: Participants in this study will receive a \$15.00 Visa gift card upon completion.

15. RESPONSIBILITY FOR COST: Participation in this study will be of no cost to you.

16. CONFIDENTIALITY AND PRIVACY: In any publication or presentation of research results, your identity and all information gathered about you during your participation in this study will be kept confidential. There is a possibility that records which identify you may be reviewed by authorized individuals at the Institutional Review Board (IRB) or employees conducting peer reviews activities.

The digital photographs of your artwork will be stored in a secure place for three years following the study. The artwork may be photographed, reproduced and included in the final master's thesis or used for other educational purposes. However, no references to your identity will be made and the artwork will be destroyed and discarded upon completion unless you wish to have it returned to you.

17. NEW INFORMATION: If new information becomes known that will affect you or might change your decision to participate in this study, you will be informed by the investigator.

18. QUESTIONS: If you have any questions at any time you have the right to contact the principal investigator, Dr. Donna Kaiser, PhD, ATR-BC, LPC, LMFT at (215) 762-4653. If you have any problems you may contact the Office of Regulatory Research Compliance at (215) 255- 7857.

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001079
Approval Date: 4/18/12
Expiration Date: 4/17/13



Version 1

Subject's Initials: _____
Page 4 of 4**19. CONSENT:**

- I have been informed of the reasons for this study.
- I have had the study explained to me.
- I have had all of my questions answered to my satisfaction.
- I have carefully read this consent form, have initialed each page, and have received a signed copy.
- I freely consent to participate in this research study.

DO NOT SIGN THIS INFORMED
CONSENT AFTER THIS DATE 4/17/10_____
Participant or Legally Authorized Representative_____
Date_____
Investigator or Individual Obtaining this Consent_____
Date**List of Individuals Authorized to Obtaining this Consent**

Name	Title	Day Phone#	24 Hr. Phone#
Donna Kaiser, PhD	Principal Investigator	(215) 762-4653	(215) 762-4653
Emily Rosaio	Co-Investigator	(267) 712-9199	(267) 712-9199

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001079
Approval Date: 4/18/12
Expiration Date: 4/17/13



Appendix C: Written Questionnaire

Written Questionnaire

Please answer the questions to the best of your ability:

1. What social situation did you represent in your image? Please be as specific as possible.
2. What did you experience as you created an image of a social situation you have social fears about? Please identify any thoughts or feelings you experienced.
3. What part or parts of the image produce the most fear or anxiety for you? How fearful or anxious do you feel right now?

(Not anxious/fearful at all) 1 2 3 4 5 6 7 8 9 10 (Very anxious/fearful)

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001079
Approval Date: 4/18/12
Expiration Date: 4/17/13



Appendix D: Interview Guide

Interview Guide

The type of interview that will be conducted in this study will be semi-structured and asks questions calling for open-ended responses. The purpose of this interview is to gather information about how individuals with fears of social situations experience making an image about their feared social situation. This interview will take place after the second part of the art making activity is completed, which instructs participants to manipulate or change the original image of their feared social situation in a way that makes it less frightening. The interview questions will address the following interview objectives. Examples are included for each objective but will most likely change in content due to the nature of open-ended questions and how participants respond.

Objective 1: To explore how the participants chose to complete the instructions to manipulate their initial image depicting a feared social situation.

- Can you tell me what social situation you chose to represent?
- Can you tell me how you chose to manipulate the image in order to make it seem less frightening?
- Can you list the parts or objects in your image that you changed, removed, or added?
- Can you explain why the image looks less frightening to you now?

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001079
Approval Date: 4/18/12
Expiration Date: 4/17/13



Objective 2: To identify how the participants experienced manipulating their initial image depicting a feared social situation.

- Can you explain any thoughts or feelings you experienced while manipulating the image?
- Can you tell me about any thoughts or feelings you experienced after completing the manipulation of the image?

Objective 3: To compare and contrast how the participants experienced completing the two different parts of the art making activity.

- Can you tell me how what you experienced in the second part of the art making activity differed from the first part in terms of thoughts, feelings, or any other reactions/responses?
- Can you identify what you think was different about the two parts that led you to experience the two parts differently? If the participants report no difference: Can you identify why you think you experienced the two parts similarly?

Objective 4: To compare and contrast how the participants experienced completing the written questionnaire and participating in a verbal semi-structured interview with the co-investigator.

- Can you tell me what you experienced during completion of the written questionnaire?
- Can you tell me what you are experiencing during this interview?
- Which format did you prefer: answering written or verbal questions?

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001009
Approval Date: 4/18/12
Expiration Date: 4/17/13



Objective 5: To understand how the participants' self-reported fear and anxiety levels were affected by meeting with the co-investigator, completing both parts of the art making activity, the written questionnaire, and interview as a whole.

- How much fear or anxiety are you feeling right now?
- Taking into consideration meeting with me, completing both art making activities, answering the questionnaire, and participating in this interview, at which point did you feel the most fear or anxiety?
- At which point did you feel the least fear or anxiety?
- Can you tell me if my presence disturbed your ability to participate in the art making or at any other point during our meeting today?
- Can you identify any other thoughts and feelings you have about completing all of the exercises you participated in today?

APPROVED
Office of Regulatory Research Compliance
Protocol # 1204001079
Approval Date: 4/18/12
Expiration Date: 4/17/13



Appendix E: Observation Form

Observation form

Observations made immediately prior to and during the first part of the activity

1. Approach to the task (Time taken,

behaviors): _____

2. Fearful/anxious behaviors (i.e- nervous movements or fidgeting, blushing, shaky voice quality, shifting eyes, sweating etc): _____

3. Time spent on task: _____

4. Verbalizations: _____

Observations made as the participant completes the written questionnaire

Observations made following the activity during which the participant has the opportunity to discuss their artwork with the researcher

5. Verbalizations: _____

6. Interactions with researcher:

- Eye contact: _____

- Quality of speech (Rate/amount): _____

- Behaviors: _____

6. Additional comments _____

APPROVED
 Office of Regulatory Research Compliance
 Protocol # 1204001079
 Approval Date: 4/18/12
 Expiration Date: 4/17/13

